


2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000042670

1. Entity Name
AMBASSADOR INVESTIGATION AND SECURITY, INC.




Principal Place of Business
**114 N MADISON ST
QUINCY, FL 32351 US**

Mailing Address
**3351 HUTCHINSON FERRY RD
QUINCY, FL 32352**

DO NOT WRITE IN THIS SPACE

FILED
06 MAY -1 AM 10:10
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



04302006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3457338	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BANKS, DENNIS
3351 HUTCHINSON FERRY RD
QUINCY, FL 32352**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Dennis Banks* **Dennis Banks** 4/28/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BANKS, DENNIS 3351 HUTCHINSON FERRY RD QUINCY, FL 32352
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BANKS, ROSEMARY C 3351 HUTCHINSON FERRY RD QUINCY, FL 32352
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05/23/06--01049--009 **158.75

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Rosemary C. Banks* **ROSEMARY C. Banks** 04/28/06 (850) 627-3119
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #