


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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| <b>DOCUMENT # P97000042670</b><br>1. Entity Name<br><b>AMBASSADOR INVESTIGATION AND SECURITY, INC.</b> |  |
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| Principal Place of Business<br><b>114 N MADISON ST<br/>QUINCY, FL 32351 US</b> | Mailing Address<br><b>3351 HUTCHINSON FERRY RD<br/>QUINCY, FL 32352</b> |
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**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retreating) DATE

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|---|--|--|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b> |  |
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| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>BANKS, DENNIS<br>3351 HUTCHINSON FERRY RD<br>QUINCY, FL 32352     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>BANKS, ROSEMARY C<br>3351 HUTCHINSON FERRY RD<br>QUINCY, FL 32352 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <i>02511</i>   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

**200101627722**  
**05/07/07--01002--021 \*\*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** *04/27/07 (850) 627-3119*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #