

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000042670 1. Entity Name AMBASSADOR INVESTIGATION AND SECURITY, INC.	
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FILED
07 MAY -1 PM 2:27
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 114 N MADISON ST QUINCY, FL 32351 US	Mailing Address 3351 HUTCHINSON FERRY RD QUINCY, FL 32352
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04302007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

BANKS, DENNIS
3351 HUTCHINSON FERRY RD
QUINCY, FL 32352

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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 _____ (NOTE: Registered Agent signature required when retreating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$2511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/07/07--01002--021 **158.75

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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 #