


**2008 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	

FILED

2008 MAY -1 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04292008 No Chg-P CR2E034 (11/05)

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

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
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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 _____
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, 2008 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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**DO NOT WRITE
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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/08 (850)627-3119
Date Daytime Phone #