

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000050202

FILED  
Mar 23, 2009  
Secretary of State

Entity Name: LOCKAMERICA TRI-COUNTY, INC.

**Current Principal Place of Business:**

2183 NORTH POWERLINE ROAD  
#3  
POMPANO BEACH, FL 33069

**New Principal Place of Business:**

**Current Mailing Address:**

2183 NORTH POWERLINE ROAD  
#3  
POMPANO BEACH, FL 33069

**New Mailing Address:**

FEI Number: 42-1541596      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

VINCENT P ANDREANO P.A.  
1792 BELL TOWER LANE  
WESTON TOWN CENTER  
WESTON, FL 33326 US

**Name and Address of New Registered Agent:**

CARVO & EMERY, PA  
888 S, ANDREWS AVENUE  
201  
FORT LAUDERDALE, FL 33316 US

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.

SIGNATURE: CAREN GOLDENBURG CARVO      03/23/2009  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: D'ONOFRIO, NOREEN B  
Address: 2183 NORTH POWERLINE RD., #3  
City-St-Zip: POMPANO BEACH, FL 33069

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S ( ) Delete  
Name: D'ONOFRIO, CARL J  
Address: 2183 NORTH POWERLINE RD., #3  
City-St-Zip: POMPANO BEACH, FL 33069

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NOREEN B DONOFRIO      PD      03/23/2009  
Electronic Signature of Signing Officer or Director      Date