

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000041989

**FILED**  
**Mar 31, 2010**  
**Secretary of State**

**Entity Name:** COMPLETE ACCESS CONTROL OF CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

3004 SUMMER SWAN DR  
ORLANDO, FL 32825

**New Principal Place of Business:**

**Current Mailing Address:**

3004 SUMMER SWAN DR  
ORLANDO, FL 32825

**New Mailing Address:**

**FEI Number:** 54-2106354

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MAURO, KAREN P  
3004 SUMMER SWAN DR  
ORLANDO, FL 32825 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** DP  
**Name:** MAURO, KAREN P  
**Address:** 3004 SUMMER SWAN DR  
**City-St-Zip:** ORLANDO, FL 32825

**Title:** DVP  
**Name:** MAURO, VINCENT F  
**Address:** 3004 SUMMER SWAN DR.  
**City-St-Zip:** ORLANDO, FL 32825

I hereby 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 all other like empowered.

**SIGNATURE:** VINCENT MAURO

DP

03/31/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date