2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# P08000028546

Entity Name: SOUTH FLORIDA SECURING INC.

Current Principal Place of Business:

333 NORTH MISSOURI STREET
LABELLE, FL 33935

New Principal Place of Business:

840 KENNEDY BLVD
LABELLE, FL 33935

Current Mailing Address:

333 NORTH MISSOURI STREET
LABELLE, FL 33935

New Mailing Address:

P.O. BX 2935
LABELLE, FL 33975

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RIMES, BRUCE
333 NORTH MISSOURI ST
LABELLE, FL 33935 US

Name and Address of New Registered Agent:

RIMES, BRUCE
840 KENNEDY BLVD
LABELLE, FL 33935 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: BRUCE RIMES 03/24/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: RIMES, BRUCE
Address: 333 NORTH MISSOURI STREET
City-St-Zip: LABELLE, FL 33935

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: RIMES, BRUCE
Address: 840 KENNEDY BLVD
City-St-Zip: LABELLE, FL 33935

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: BRUCE RIMES P 03/24/2009
Electronic Signature of Signing Officer or Director Date