2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000048969

1. Entity Name
SECURE CARE OF AMERICA, INC.

Principal Place of Business	Mailing Address
698 ARMOUR ROAD BOURBONNAIS, IL 60914	698 ARMOUR ROAD BOURBONNAIS, IL 60914

DO NOT WRITE IN THIS SPACE

03132006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0596038
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LOPEZ, AL R JR.
4600 W. CYPRESS STREET
SUITE 500
TAMPA, FL 33607

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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, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000472232
03/29/06-80028-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ASHLINE, CONNIE A.
STREET ADDRESS	698 ARMOUR RD
CITY-ST-ZIP	BOURBONNAIS, IL 60914
TITLE	VTD
NAME	UPHOFF, PAULA
STREET ADDRESS	698 ARMOUR RD
CITY-ST-ZIP	BOURBONNAIS, IL 60914
TITLE	VSD
NAME	ASHLINE, CASEY
STREET ADDRESS	698 ARMOUR RD
CITY-ST-ZIP	BOURBONNAIS, IL 60914
TITLE	VD
NAME	STAWICK, KATHY
STREET ADDRESS	698 ARMOUR RD
CITY-ST-ZIP	BOURBONNAIS, IL 60914
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Kathleen Stawick Kathleen Stawick 3/13/06 815-935-7977
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #