## 2010 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P95000048969

Entity Name: SECURE CARE OF AMERICA, INC.

FILED Mar 09, 2010 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

698 ARMOUR ROAD BOURBONNAIS, IL 60914

Current Mailing Address: New Mailing Address:

698 ARMOUR ROAD BOURBONNAIS, IL 60914

FEI Number: 65-0596038 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

LOPEZ, AL R JR.
4600 W. CYPRESS STREET
SUITE 500
TAMPA, FL 33607 US
LOPEZ, AL R JR.
4100 W. KENNEDY BLVD.
SUITE 114
TAMPA, FL 33609 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.

in the State of Florida.

SIGNATURE: 03/09/2010

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: PD

Name: ASHLINE, CONNIE A.
Address: 698 ARMOUR RD
City-St-Zip: BOURBONNAIS, IL 60914

Title: VTD

 Name:
 UPHOFF, PAULA

 Address:
 698 ARMOUR RD

 City-St-Zip:
 BOURBONNAIS, IL 60914

Title: VSD

 Name:
 ASHLINE, CASEY

 Address:
 698 ARMOUR RD

 City-St-Zip:
 BOURBONNAIS, IL 60914

Title: VD

Name: STAWICK, KATHY Address: 698 ARMOUR RD

City-St-Zip: BOURBONNAIS, IL 60914

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: KATHLEEN STAWICK VD 03/09/2010