

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S87295

**FILED**  
**Jan 13, 2012**  
**Secretary of State**

**Entity Name:** SECURITY ASSOCIATES OF FT. LAUDERDALE, INC.

**Current Principal Place of Business:**

6346 SW 191ST AVE  
PEMBROKE PINES, FL 33332

**New Principal Place of Business:**

5071 S STATE ROAD 7  
SUITE 709  
DAVIE, FL 33314

**Current Mailing Address:**

6346 SW 191ST AVE  
PEMBROKE PINES, FL 33332

**New Mailing Address:**

PO BOX 879  
PORT RICHEY, FL 34673

**FEI Number:** 65-0289719

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HAUSMAN, HARRY M.  
235 N UNIVERSITY DR  
PEMBROKE PINES, FL 33024 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: CALDWELL, PATRICIA A PRES.  
Address: PO BOX 879  
City-St-Zip: PORT RICHEY, FL 34673

Title: VD  
Name: CALDWELL, DON H V.P  
Address: PO BOX 879  
City-St-Zip: PORT RICHEY, FL 34673

Title: T  
Name: CALDWELL, CHRISTOPHER L  
Address: PO BOX 879  
City-St-Zip: PORT RICHEY, FL 34673

Title: S  
Name: CALDWELL, POE, CARRIE A  
Address: PO BOX 879  
City-St-Zip: PORT RICHEY, FL 34673

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: PATRICIA A CALDWELL

PD

01/13/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date