

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000041989

**Entity Name:** COMPLETE ACCESS CONTROL OF CENTRAL FLORIDA, INC.**Current Principal Place of Business:**1438 HAMLIN AVENUE  
ST CLOUD, FL 34771**Current Mailing Address:**1438 HAMLIN AVENUE  
ST CLOUD, FL 34771 US**FEI Number:** 54-2106354**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MAURO, KAREN P  
1438 HAMLIN AVENUE  
SAINT CLOUD, FL 34771 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

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

Title	VP
Name	MAURO, CHRISTIAN CASEY MR.
Address	4564 HICKORY TREE ROAD
City-State-Zip:	SAINT CLOUD FL 34772

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

Title	VP
Name	APY, KANDICE MAURO
Address	4913 SCENIC VISTA DRIVE
City-State-Zip:	SAINT CLOUD FL 34771

*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:** APY, KANDICE MAURO**VICE-PRESIDENT****01/05/2023**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date