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.			

PRESIDENT

SIGNATURE: KAREN MAURO

Electronic Signature of Signing Officer/Director Detail

# Current Principal Place of Business: 2013 JAFFA DRIVE UNIT B ST CLOUD, FL 34771

# **Current Mailing Address:**

2013 JAFFA DRIVE UNIT B ST CLOUD, FL 34771 US

# FEI Number: 54-2106354

# Name and Address of Current Registered Agent:

MAURO, KAREN P 3004 SUMMER SWAN DR ORLANDO, FL 32825 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

### Officer/Director Detail :

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

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

# DOCUMENT# P03000041989

# Entity Name: COMPLETE ACCESS CONTROL OF CENTRAL FLORIDA, INC.

# Apr 27, 2015 Secretary of State CC0091760535

Date

FILED

Certificate of Status Desired: Yes

04/27/2015

Date