

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000155864

FILED  
Sep 02, 2009  
Secretary of State

Entity Name: TACTICAL SYSTEMS, INC.

**Current Principal Place of Business:**

29316 INDIAN POND COURT  
DADE CITY, FL 33523

**New Principal Place of Business:**

**Current Mailing Address:**

29316 INDIAN POND COURT  
DADE CITY, FL 33523

**New Mailing Address:**

FEI Number: 35-2294908

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PIPPEN, JOSEPH F ESQ  
10225 ULMERTON RD, BUILDING 11  
LARGO, FL 33771 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: KOLKA, ANTHONY J  
Address: 29316 INDIAN POND COURT  
City-St-Zip: DADE CITY, FL 33523

Title: D ( ) Delete  
Name: COTIGNOLA, MICHAEL  
Address: 29316 INDIAN POND COURT  
City-St-Zip: DADE CITY, FL 33523

Title: D ( ) Delete  
Name: DITORIA, MARIO  
Address: 29316 INDIAN POND COURT  
City-St-Zip: DADE CITY, FL 33523

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ANTHONY J KOLKA

D

09/02/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date