

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000155864

FILED  
Mar 26, 2011  
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

**OFFICERS AND DIRECTORS:**

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

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

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

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: ANTHONY J KOLKA

D

03/26/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date