

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99229

FILED  
Jan 05, 2011  
Secretary of State

Entity Name: ATS INDUSTRIES, INC.

**Current Principal Place of Business:**

950 HARBOR LAKE DR.  
SUITE 10  
SAFETY HARBOR, FL 34695 US

**New Principal Place of Business:**

**Current Mailing Address:**

ATT: LINDA FAHRENKAMP  
P.O. BOX 806  
SAFETY HARBOR, FL 346950806

**New Mailing Address:**

FEI Number: 59-2218872      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

FAHRENKAMP, LINDA L  
% ATS INDUSTRIES, INC.  
26 VILLAGE LANE  
SAFETY HARBOR, FL 34695 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: FAHRENKAMP, DALE  
Address: 26 VILLAGE LANE  
City-St-Zip: SAFETY HARBOR, FL 34695 US

Title: STD  
Name: FAHRENKAMP, LINDA L.  
Address: 26 VILLAGE LANE  
City-St-Zip: SAFETY HARBOR, FL 34695 US

Title: VD  
Name: FAHRENKAMP, CHAD  
Address: 333 CAMBRIA COURT  
City-St-Zip: SAFETY HARBOR, FL 34695 US

Title: VD  
Name: PATTERSON, CHANDA L  
Address: 950 SOCIETY DRIVE  
City-St-Zip: HOLIDAY, FL 34691 US

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: LINDA L. FAHRENKAMP

STD

01/05/2011

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

\_\_\_\_\_ Date