

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F05000006280

**FILED**  
**Jan 04, 2011**  
**Secretary of State**

**Entity Name:** ASSOCIATED TRAINING SERVICES OF FLORIDA, INC.

**Current Principal Place of Business:**

3360 S. LECANTO HWY.  
LECANTO, FL 34461

**New Principal Place of Business:**

**Current Mailing Address:**

3360 S. LECANTO HWY.  
LECANTO, FL 34461

**New Mailing Address:**

**FEI Number:** 56-2325224

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KLABACKA, MARK  
191 KELLER CT  
HERNANDO, FL 34442 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: PRST  
Name: KLABACKA, JERRY  
Address: 609 HARMONY HILL  
City-St-Zip: MADISON, WI 53714

Title: SEC  
Name: KLABACKA, MICHAEL  
Address: 3201 SUNBROOK  
City-St-Zip: MADISON, WI 53704

Title: VP  
Name: KLABACKA, JOHN  
Address: 802 WHISPERING WAY  
City-St-Zip: COTTAGE GROVE, WI 53527

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: JERRY KLABACKA

PRST

01/04/2011

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

\_\_\_\_\_  
Date