

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F99000000729

**FILED**  
**Jan 09, 2012**  
**Secretary of State**

**Entity Name:** ASSOCIATED TRAINING SYSTEMS, INC.

**Current Principal Place of Business:**

1415 OCEAN SHORE BLVD SUITE 505  
ORMOND BEACH, FL 32176

**New Principal Place of Business:**

510 SELVA LAKES CIRCLE  
ATLANTIC BEACH, FL 32233 43

**Current Mailing Address:**

1415 OCEAN SHORE BLVD SUITE 505  
ORMOND BEACH, FL 32176

**New Mailing Address:**

**FEI Number:** 36-3091632

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COUGLE, LEROY G  
1415 OCEAN SHORE BLVD SUITE 505  
ORMOND BEACH, FL 32176 US

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

COUGLE, LEROY G  
510 SELVA LAKES CIRCLE  
ATLANTIC BEACH, FL 32233 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:

01/09/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DPST  
Name: COUGLE, LEROY G  
Address: 510 SELVA LAKES CIRCLE  
City-St-Zip: ATLANTIC BEACH, FL 32233 43

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: LEROY G. COUGLE

PRES

01/09/2012

Electronic Signature of Signing Officer or Director

Date