

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000071660

**Entity Name:** ATLAS PROTECTION AGENCY, INC.

**FILED**  
**Feb 19, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

5037 RINGWOOD MEADOW  
BUILDING #G  
SARASOTA, FL 34235 US

**New Principal Place of Business:**

3800 SOUTH TAMiami TRAIL  
UNIT #318  
SARASOTA, FL 34239 US

**Current Mailing Address:**

3027 VINSON AVE.  
SARASOTA, FL 34232

**New Mailing Address:**

**FEI Number:** 20-4882292

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COCHRAN, MICHAEL R PVST  
3027 VINSON AVE.  
SARASOTA, FL 34232 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: PVST  
Name: COCHRAN, MICHAEL R PVST  
Address: 3027 VINSON AVE.  
City-St-Zip: SARASOTA, FL 34232

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: MICHAEL R COCHRAN

PVST

02/19/2011

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

\_\_\_\_\_  
Date