

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000012024

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: TACTICAL INTERVENTION SERVICES, INC

## Current Principal Place of Business:

12276 SAN JOSE BLVD  
SUITE 513  
JACKSONVILLE, FL 32223

## New Principal Place of Business:

1968 PLANTATION BLVD  
CLEARWATER, FL 33760

## Current Mailing Address:

12276 SAN JOSE BLVD  
SUITE 513  
JACKSONVILLE, FL 32223

## New Mailing Address:

1968 PLANTATION BLVD  
CLEARWATER, FL 33760

FEI Number: 26-1873329

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MUSSO, CHRISTOPHER A  
12276 SAN JOSE BLVD  
SUITE 513  
JACKSONVILLE, FL 32223 US

## Name and Address of New Registered Agent:

MUSSO, CHRISTOPHER A  
4399 35TH ST N  
SUITE 323  
ST. PETERSBURG, FL 33714 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: CHRISTOPHER A MUSSO

04/27/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: HOKE, ADAM W  
Address: 6536 53RD AVE N, UNIT 58  
City-St-Zip: ST. PETERSBURG, FL 33709

Title: S ( ) Delete  
Name: HOKE, ADAM W  
Address: 6536 53RD AVE N, UNIT 58  
City-St-Zip: ST. PETERSBURG, FL 33709

Title: VP (X) Delete  
Name: MUSSO, CHRISTOPHER A  
Address: 12276 SAN JOSE BLVD, SUITE 513  
City-St-Zip: JACKSONVILLE, FL 32223

Title: T (X) Delete  
Name: MUSSO, CHRISTOPHER A  
Address: 12276 SAN JOSE BLVD, SUITE 513  
City-St-Zip: JACKSONVILLE, FL 32223

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: HOKE, ADAM W  
Address: 4399 35TH ST N, SUITE 323  
City-St-Zip: ST. PETERSBURG, FL 33714

Title: VP (X) Change ( ) Addition  
Name: MUSSO, CHRISTOPHER A  
Address: 4399 35TH ST N, SUITE 323  
City-St-Zip: ST. PETERSBURG, FL 33714

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CHRISTOPHER MUSSO

VP

04/27/2009

Electronic Signature of Signing Officer or Director

Date