

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000001720

**FILED**  
**Jan 13, 2012**  
**Secretary of State**

**Entity Name:** ETHIC PROTECTIVE SERVICES, INC.

**Current Principal Place of Business:**

509 S. CHICKASAW  
#177  
ORLANDO, FL 32825 US

**New Principal Place of Business:**

5015 BEACH RIVER RD  
WINDERMERE, FL 34786 US

**Current Mailing Address:**

509 S. CHICKASAW  
#177  
ORLANDO, FL 32825 US

**New Mailing Address:**

5015 BEACH RIVER RD  
WINDERMERE, FL 34786 US

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

SENATUS, REGINALD P  
509 S. CHICKASAW  
#177  
ORLANDO, FL 32825 US

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

MULTI SERVICE FINANCIAL CONSULTANTS, LLC  
5015 BEACH RIVER RD  
WINDERMERE, FL 34786 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: JEAN G. OLIVER

01/13/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: OLIVER, JEAN G  
Address: 5015 BEACH RIVER RD  
City-St-Zip: WINDERMERE, FL 34786 US

Title: MGM  
Name: MULTI SERVICE FINANCIAL CONSULTANTS, LLC  
Address: 5015 BEACH RIVER RD  
City-St-Zip: WINDERMERE, FL 34786

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: JEAN G OLIVER

P

01/13/2012

Electronic Signature of Signing Officer or Director

Date