

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000016730

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Entity Name:** EMERALD SHIELD TACTICAL CONCEPTS, INC.

**Current Principal Place of Business:**

603 FAYETTE DRIVE NORTH  
SAFETY HARBOR, FL 34695 US

**New Principal Place of Business:**

**Current Mailing Address:**

603 FAYETTE DRIVE NORTH  
SAFETY HARBOR, FL 34695 US

**New Mailing Address:**

**FEI Number:** 90-0447166

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CONNOR, JOHN  
9840 ROYAL PALM AVE.  
NEW PORT RICHEY, FL 34654 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:** D  
**Name:** KILIAN, MICHAEL J  
**Address:** 603 FAYETTE DRIVE NORTH  
**City-St-Zip:** SAFETY HARBOR, FL 34695 US

**Title:** D  
**Name:** CONNOR, JOHN C  
**Address:** 9840 ROYAL PALM AVENUE  
**City-St-Zip:** NEW PORT RICHEY, FL 34654 US

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:** JOHN CONNOR

D

04/28/2011

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

\_\_\_\_\_  
Date