

# **2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P10000064363

**FILED**  
**Aug 10, 2011**  
**Secretary of State**

**Entity Name:** TRIDENT PROTECTION & INVESTIGATIONS, INC.

**Current Principal Place of Business:**

6582 EUREKA SPRINGS ROAD  
SUITE 222-B  
TAMPA, FL 33610

**New Principal Place of Business:**

5508 W KNIGHTS GRIFFIN RD  
PLANT CITY, FL 33565

**Current Mailing Address:**

6582 EUREKA SPRINGS ROAD  
SUITE 222-B  
TAMPA, FL 33610

**New Mailing Address:**

5508 W KNIGHTS GRIFFIN RD  
PLANT CITY, FL 33565

**FEI Number:** 27-3206222

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HITCHCOCK, MIKE A  
3217 PINE CLUB DR  
PLANT CITY, FL 33566 US

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

BROWN, WILLIAM S  
5508 W KNIGHTS GRIFFIN RD  
PLANT CITY, FL 33565 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: WILLIAM S BROWN

08/10/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BROWN, WILLIAM S  
Address: 5508 W KNIGHTS GRIFFIN RD  
City-St-Zip: PLANT CITY, FL 33565

Title: VP  
Name: BROWN, WILLIAM S  
Address: 5508 W KNIGHTS GRIFFIN RD  
City-St-Zip: PLANT CITY, FL 33565

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: WILLIAM S BROWN

P,VP

08/10/2011

Electronic Signature of Signing Officer or Director

Date