

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90106 038 \*\*\*150.00

**DOCUMENT # F95000001499**



1. Entity Name  
ASI/ALARM SERVICES INC.

Principal Place of Business  
3075 ST. THOMAS  
MISSOULA, MT 59803

Mailing Address  
3075 ST. THOMAS  
MISSOULA, MT 59803

40004687

2. Principal Place of Business - No P.O. Box #  
2409 Dearborn Ave

3. Mailing Address  
PO Box 5108

Suite, Apt. #, etc.  
Suite 6

Suite, Apt. #, etc.

01162007 Chg-P CR2E034 (12/06)

City & State  
Missoula, MT

City & State  
Missoula, MT

4. FEI Number  
81-0477438

Applied For  
Not Applicable

Zip  
59801

Country  
USA

Zip  
59806

Country  
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION, FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Secretary  
DITCH, WC  
3075 ST. THOMAS  
MISSOULA, MT 59803

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
ALLYN, AUDRIE G  
7163 SIESTA DRIVE  
MISSOULA, MT

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
President  
Doug Moore  
2409 Dearborn Ave Ste 6  
Missoula, MT 59801

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*A. Doug Moore* A. Doug Moore

Date

1-17-07

Daytime Phone #

406-544-2098