

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90151 006 ***150.00

DOCUMENT # F99000003136



1. Entity Name
**MOUNTAIN STATES INSURANCE SERVICES,
INCORPORATED**

Principal Place of Business Mailing Address
7202 EAST ROSEWOOD STREET, SUITE 200 **7202 EAST ROSEWOOD STREET, SUITE 200**
TUCSON, AZ 85710 **TUCSON, AZ 85710**

50012221



2. Principal Place of Business 3. Mailing Address

01182006 Chg-P CR2E034 (11/05)

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **86-0290675** Applied For
Not Applicable

Zip Country Zip Country

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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, 2006 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00 May Be
Trust Fund Contribution. Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VD** ☐ Delete
NAME **TOUCHE', CHARLES A**
STREET ADDRESS **5521 E. EXETER BLVD.**
CITY-ST-ZIP **PHOENIX, AZ**

TITLE **VD** ☒ Change ☐ Addition
NAME **TOUCHE', CHARLES A**
STREET ADDRESS **5050 E. Lafayette Blvd. (Approx. 15 mos.)**
CITY-ST-ZIP **Phoenix, AZ 85018**

TITLE **PD** ☐ Delete
NAME **TOUCHE', STEVEN D**
STREET ADDRESS **6256 PASEO TIERRA ALTA**
CITY-ST-ZIP **TUCSON, AZ 85715**

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

TITLE **DVP** ☐ Delete
NAME **DHUEY, JOSEPH C**
STREET ADDRESS **5635 E. PASEO CIMMARRON**
CITY-ST-ZIP **TUCSON, AZ**

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

TITLE **VPD** ☐ Delete
NAME **SHEARMAN, JOHN L**
STREET ADDRESS **5621 E SUTLER LANE**
CITY-ST-ZIP **TUCSON, AZ 85712**

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

TITLE **D** ☒ Delete
NAME **GOTZINGER, GORDON R**
STREET ADDRESS **2428 E PUEBLO AVE**
CITY-ST-ZIP **MESA, AZ 85204**

TITLE **V** ☐ Change ☒ Addition
NAME **ADELBERG, DOUGLAS A**
STREET ADDRESS **986 W LOST DUTCHMAN PL**
CITY-ST-ZIP **TUCSON, AZ 85737**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **CFO** ☐ Change ☒ Addition
NAME **CRAIG-JAGER, GAIL Y**
STREET ADDRESS **12041 E JEFSUMARK CIR**
CITY-ST-ZIP **TUCSON, AZ 85749**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven D. Touché

4/10/06

520-722-3000

Date

Daytime Phone #

ATTACHMENT

50012221

MOUNTAIN STATES

ADMINISTRATIVE SERVICES

7202 EAST ROSEWOOD · P.O. BOX 32709 · TUCSON, ARIZONA 85751-2709
(520) 722-0811 · FAX (520) 722-7127

April 10, 2006

*Division of Corporations
Post Office Box 1500
Tallahassee, Florida 32302-1500*

*Reference: Mountain States Insurance Services, Inc.
Document #F99000003136*

Dear Clerk,


As instructed attached are the following items:

- 1) Completed and signed 2006 For Profit Corporation Annual Report*
- 2) Mountain States Administrative Services check #00003023 for the amount of \$150.00 payable to Florida Department of State*

Please mark your records to reflect receipt of Mountain States Insurance Services' Annual Report and check.

If you have any questions or require any additional information, please contact me. My direct line is 520/722-7221. Or, my email address is shibbs@lovitt-touche.com.

Sincerely,



*Shari Hibbs
Licensing/Surplus Lines
Lovitt & Touché, Inc.
/sh*

Attachments