

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2008 8:00 am**  
**Secretary of State**

03-28-2008 90020 010 \*\*\*150.00

<b>DOCUMENT # F99000003136</b>	
1. Entity Name <b>MOUNTAIN STATES INSURANCE SERVICES, INCORPORATED</b>	

Principal Place of Business <b>7202 EAST ROSEWOOD STREET, SUITE 200 TUCSON, AZ 85710</b>	Mailing Address <b>7202 EAST ROSEWOOD STREET, SUITE 200 TUCSON, AZ 85710</b>
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**40052941**



2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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03172008 Chg-P CR2E034 (12/06)

City & State	City & State
Zip	Country

4. FEI Number <b>86-0290675</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>
<b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>

<b>7. Name and Address of New Registered Agent</b>
Name
Street Address (P.O. Box Number is Not Acceptable)
City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$350.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS													
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<table border="1"> <tr> <td>VD TOUCHE', CHARLES A 5050 E LAFAYETTE BLVD PHOENIX, AZ 85018</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>PD TOUCHE', STEVEN D 6256 PASEO TIERRA ALTA TUCSON, AZ 85715</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>DVP DHUEY, JOSEPH C 5635 E. PASEO CIMMARRON TUCSON, AZ</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>VPD SHEARMAN, JOHN L 5621 E SUTLER LANE TUCSON, AZ 85712</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>V ADELBERG, DOUGLAS 986 W LOST DUTCHMAN PLACE TUCSON, AZ 85737</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>CFO CRAIG-JAGER, GAIL Y 12041 E JEFFSUMARK CIRCLE TUCSON, AZ 85749</td> <td><input type="checkbox"/> Delete</td> </tr> </table>	VD TOUCHE', CHARLES A 5050 E LAFAYETTE BLVD PHOENIX, AZ 85018	<input type="checkbox"/> Delete	PD TOUCHE', STEVEN D 6256 PASEO TIERRA ALTA TUCSON, AZ 85715	<input type="checkbox"/> Delete	DVP DHUEY, JOSEPH C 5635 E. PASEO CIMMARRON TUCSON, AZ	<input type="checkbox"/> Delete	VPD SHEARMAN, JOHN L 5621 E SUTLER LANE TUCSON, AZ 85712	<input type="checkbox"/> Delete	V ADELBERG, DOUGLAS 986 W LOST DUTCHMAN PLACE TUCSON, AZ 85737	<input type="checkbox"/> Delete	CFO CRAIG-JAGER, GAIL Y 12041 E JEFFSUMARK CIRCLE TUCSON, AZ 85749	<input type="checkbox"/> Delete
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11													
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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.

<b>SIGNATURE:</b> 	<b>Joseph C. Dhuey</b>	<b>3/18/08</b>	<b>520-722-3000</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>