

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000030624

FILED  
Apr 08, 2011  
Secretary of State

**Entity Name:** DISCOUNT ALARM MONITORING INC.

**Current Principal Place of Business:**

5100 US HWY. 98 N SUITE 16  
LAKELAND, FL 33809

**New Principal Place of Business:**

**Current Mailing Address:**

5100 US HWY. 98 N SUITE 16  
LAKELAND, FL 33809

**New Mailing Address:**

**FEI Number:** 27-2368980

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KIMES, SHARON  
5100 US HWY. 98 N SUITE 16  
LAKELAND, FL 33809 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: P  
Name: KIMES, SHARON  
Address: 5100 US HWY. 98 N SUITE 16  
City-St-Zip: LAKELAND, FL 33809

Title: VP  
Name: KIMES, JAMES R  
Address: 5100 US HWY. 98 N SUITE 16  
City-St-Zip: LAKELAND, FL 33809

Title: D/T  
Name: KIMES, TAD  
Address: 308 PICES LANE  
City-St-Zip: KEY WEST, FL 33040

Title: D/S  
Name: KIMES, J. P.  
Address: 203 PETTEYWAY DR  
City-St-Zip: LAKELAND, FL 33805

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: SHARON KIMES

P

04/08/2011

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

\_\_\_\_\_  
Date