

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000034526

1. Entity Name
ALARM TECHNOLOGY, INC.



Principal Place of Business
529 COLEMAN DR W
WINTER HAVEN, FL 33884 US

Mailing Address
PO BOX 1511
WINTER HAVEN, FL 33882



03242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3574492

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BRIGANTE, ANDREW M
529 COLEMAN DR W
WINTER HAVEN, FL 33884

**DO NOT WRITE
IN THIS SPACE**

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 *A. Brigante*

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

(NOTE: Registered Agent signature required when reinstating)

3-24-06

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1101000533797
05/06/06-80137-011 158.75

10. OFFICERS AND DIRECTORS

TITLE D
NAME BRIGANTE, ANDREW M
STREET ADDRESS 529 COLEMAN DR W
CITY, ST, ZIP WINTER HAVEN, FL 33884

TITLE D
NAME BRIGANTE, MAUREEN
STREET ADDRESS 529 COLEMAN DR W
CITY, ST, ZIP WINTER HAVEN, FL 33884

TITLE D
NAME BRIGANTE, ANDREW J
STREET ADDRESS 228 ESCAMBIA DRIVE
CITY, ST, ZIP WINTER HAVEN, FL 33884

TITLE D
NAME BRIGANTE, STACY L
STREET ADDRESS 228 ESCAMBIA DRIVE
CITY, ST, ZIP WINTER HAVEN, FL 33884

TITLE D
NAME BISHOP, WILLIAM F
STREET ADDRESS P.O. BOX 1511
CITY, ST, ZIP WINTER HAVEN, FL 338821511

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

**DO NOT WRITE
IN THIS SPACE**

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. Brigante*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-24-06 8103-324-8548