

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F06000007498

1. Entity Name
INTRA-OP MONITORING SERVICES, INC.



Principal Place of Business
76 STARBRUSH CIRCLE
COVINGTON, LA 70433

Mailing Address
76 STARBRUSH CIRCLE
COVINGTON, LA 70433

FILED
Jul 25, 2008 08:00 AM
Secretary of State



07162008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2326326

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR. #4
WESTON, FL 33331

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME GREMILLION, PAUL
STREET ADDRESS 76 STARBRUSH CIRCLE
CITY-ST-ZIP COVINGTON, LA 70433

TITLE V
NAME GREMILLION, GLEN
STREET ADDRESS 76 STARBRUSH CIRCLE
CITY-ST-ZIP COVINGTON, LA 70433

TITLE S
NAME LANCASTER, DEREK
STREET ADDRESS 76 STARBRUSH CIRCLE
CITY-ST-ZIP COVINGTON, LA 70433

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000956347
07/25/08-80004-004 558.75

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-22-08