

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000102860

1. Entity Name  
INTERTEKS, INC.



Principal Place of Business  
304 WEST COLLEGE AVE.  
SUITE 103  
TALLAHASSEE, FL 32301

Mailing Address  
P.O. BOX 20868  
TALLAHASSEE, FL 32316

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

P.O. Box 307

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
TALLAHASSEE, FL

Zip

Country

Zip  
32302

Country

02222008

Chg-P

CR2E034 (12/06)

4. FEI Number

57-1171159

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MEYER, EMILE J  
1822 IVAN DRIVE  
TALLAHASSEE, FL 32303

7. Name and Address of New Registered Agent

Name  
EMILE MEYER

Street Address (P.O. Box Number is Not Acceptable)

304 W. COLLEGE AVE. SUITE 103

City  
TALLAHASSEE

FL

Zip Code  
32301

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PCEO  
MEYER, EMILE J  
1822 IVAN DRIVE  
TALLAHASSEE, FL 32303 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PCEO  
EMILE MEYER  
304 W. COLLEGE AVE. SUITE 103  
TALLAHASSEE, FL 32301 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
200119106617  
02/29/08--01010--021 \*\*150.00 ☐ Change ☐ Addition

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

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

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

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

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

2/22/08

Date

Daytime Phone #

FILED

08 FEB 22 PM 12:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

