

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2008 08:00 AM
Secretary of State

DOCUMENT # P26183

1. Entity Name
INTERMARE AGENCY SERVICES, INC.



Principal Place of Business
100 ALPHA DRIVE, SUITE 118 - DESTREHAN, LA 70047-9425

Mailing Address
100 ALPHA DRIVE, SUITE 118 DESTREHAN, LA 70047-9425

DO NOT WRITE IN THIS SPACE



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number
72-0910492

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

WEBER, RONALD
6101 PORT TAMPA DRIVE
TAMPA, FL 33616

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PTD LEECH, STEPHEN F. 100 ALPHA DRIVE DESTREHAN, LA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HINKEL, JEAN-DENIS 8300 NORMAN DR., SUITE 1180 MINNEAPOLIS, MN 55437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KAHN, ANTHONY C. 200 PARK AVE. NEW YORK, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/18/08-80052-001-150.00

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: _____ **1/15/08** **985-764-1105**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #