

**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**



01042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/15/08

985-764-1105