


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**


**FILED**  
**Jan 18, 2007 8:00 am**  
**Secretary of State**

01-18-2007 90091 009 \*\*\*150.00

<b>DOCUMENT # F03000006090</b> 1. Entity Name STARMOUNT INSURANCE AGENCY, INC.	
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Principal Place of Business 7800 OFFICE PARK BLVD. BATON ROUGE, LA 70898-4389	Mailing Address 7800 OFFICE PARK BLVD. BATON ROUGE, LA 70898-4389
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**DO NOT WRITE IN THIS SPACE**



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number 72-0809131	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

SANFORD, PAUL P  
PAUL P. SANFORD & ASSOCIATES, P.A.  
106 S. MONROE STREET  
TALLAHASSEE, FL 32301

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 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	C STERNBERG, HANS J 7800 OFFICE PARK BLVD. BATON ROUGE, LA 708984389
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECT WILD, JEFFREY G 7800 OFFICE PARK BLVD. BATON ROUGE, LA 708984389
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STERNBERG, ERICH 7800 OFFICE PARK BLVD. BATON ROUGE, LA 708984389
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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:**  **1/4/07 (225) 926-2888**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #