

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 15, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # F03000006090**

1. Entity Name  
**STARMOUNT INSURANCE AGENCY, INC.**



Principal Place of Business  
**7800 OFFICE PARK BLVD.  
BATON ROUGE, LA 70898-4389**

Mailing Address  
**7800 OFFICE PARK BLVD.  
BATON ROUGE, LA 70898-4389**

**DO NOT WRITE IN THIS SPACE**



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**72-0809131**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 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:

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	C
NAME	STERNBERG, HANS J
STREET ADDRESS	7800 OFFICE PARK BLVD.
CITY-ST-ZIP	BATON ROUGE, LA 708984389
TITLE	SECT
NAME	WILD, JEFFREY G
STREET ADDRESS	7800 OFFICE PARK BLVD.
CITY-ST-ZIP	BATON ROUGE, LA 708984389
TITLE	P
NAME	STERNBERG, ERICH
STREET ADDRESS	7800 OFFICE PARK BLVD.
CITY-ST-ZIP	BATON ROUGE, LA 708984389
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000784751  
01/16/08-80068-006 150.00

**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 the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/2008

Date

825-926-2888

Daytime Phone #