

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

08 JUL 29 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07072008 Chg-P CR2E034 (12/06)

4. FEI Number **76-0618032** Applied For Not Applicable

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

DOCUMENT # F07000006135

1. Entity Name
STANFORD TRUST COMPANY



Principal Place of Business: **445 N. BOULEVARD, 8TH FLOOR
BATON ROUGE, LA 70802**

Mailing Address: **445 N. BOULEVARD, 8TH FLOOR
BATON ROUGE, LA 70802**

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

SOTO, ALEX MCLANE
1111 BRICKELL AVE., STE. 2500
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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
Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	FOURNET, LOUIS B	
STREET ADDRESS	445 N. BOULEVARD, 8TH FLOOR	
CITY-ST-ZIP	BATON ROUGE, LA 70802	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	GREEN, JASON	
STREET ADDRESS	445 N. BOULEVARD, 8TH FLOOR	
CITY-ST-ZIP	BATON ROUGE, LA 70802	
TITLE	D	<input type="checkbox"/> Delete
NAME	REYNAUD, CLAUDE	
STREET ADDRESS	ONE AMERICAN PLACE, SUITE 2300	
CITY-ST-ZIP	BATON ROUGE, LA 70802	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAYMON, CORDELL	
STREET ADDRESS	727 MAIN STREET	
CITY-ST-ZIP	BATON ROUGE, LA 70802	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRAZER, THOMAS	
STREET ADDRESS	7520 PERKINS ROAD, STE. 280	
CITY-ST-ZIP	BATON ROUGE, LA 70808	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COMEAX, JAY	
STREET ADDRESS	5050 WESTHEIMER	
CITY-ST-ZIP	HOUSTON, TX 77056	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CHIEF FIDUCIARY OFFICER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JIM WELLS	
STREET ADDRESS	5051 WESTHEIMER	
CITY-ST-ZIP	HOUSTON, TX 77056	
TITLE	DIRECTOR - D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZACK PARRISH	
STREET ADDRESS	5051 WESTHEIMER	
CITY-ST-ZIP	HOUSTON, TX 77056	
TITLE	DIRECTOR - D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DANNY BOGAR	
STREET ADDRESS	201 S. BISCAYNE BAY, STE	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 another like empowered.

SIGNATURE: _____ **7-8-08 225 381 0575**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #