

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90052 037 ***150.00

DOCUMENT # F93000000242

1. Entity Name

THE STANDARD COMPANIES, INC.



Principal Place of Business

640 MAGAZINE STREET
NEW ORLEANS, LA 70130

Mailing Address

640 MAGAZINE STREET
NEW ORLEANS, LA 70130

40002564



01102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
72-1226186

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

5. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

**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, 2005 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
CD
REILY, ROBERT D
640 MAGAZINE STREET
NEW ORLEANS, LA 70130

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
MAURER, ROBERT
640 MAGAZINE STREET
NEW ORLEANS, LA 70130

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TDV
GREGORIO, ANTHONY
640 MAGAZINE STREET
NEW ORLEANS, LA 70130

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
HERRMANN, HAROLD M JR.
640 MAGAZINE STREET
NEW ORLEANS, LA 70130

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
MOSS, GREGORY J
640 MAGAZINE STREET
NEW ORLEANS, LA 70130

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
REILY, W.B. III
640 MAGAZINE STREET
NEW ORLEANS, LA 70130

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 #

1-13-05

504-524-6131