

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000004160

FILED
Feb 11, 2009
Secretary of State

Entity Name: STAP, INC.

Current Principal Place of Business:

23163 PERDIDO BEACH BLVD
ORANGE BEACH, AL 36561

New Principal Place of Business:

Current Mailing Address:

23163 PERDIDO BEACH BLVD
ORANGE BEACH, AL 36561

New Mailing Address:

FEI Number: 63-1247716 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SMITH, PATRICIA T
2701-A GULF BEACH HWY
PENSACOLA, FL 32507 US

Name and Address of New Registered Agent:

SMITH, PATRICIA T
100 EAST NINE MILE RD.
PENSACOLA, FL 32534 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

02/11/2009

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: SMITH, ANTHONY O
Address: 23163 PERDIDO BEACH BLVD
City-St-Zip: ORANGE BEACH, AL 36561

Title: VCVP () Delete
Name: SMITH, PATRICIA T
Address: 23163 PERDIDO BEACH BLVD
City-St-Zip: ORANGE BEACH, AL 36561

Title: S () Delete
Name: SMITH, PATRICIA T
Address: 23163 PERDIDO BEACH BLVD
City-St-Zip: ORANGE BEACH, AL 36561

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA T. SMITH

Electronic Signature of Signing Officer or Director

VCVP

02/11/2009

Date