


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2005 8:00 am
Secretary of State

05-11-2005 90228 001 ***600.00

DOCUMENT # F97000004698 1. Entity Name STAPLES INSURANCE AGENCY, INC.	
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Principal Place of Business 500 STAPLES DRIVE FRAMINGHAM, MA 01702	Mailing Address 500 STAPLES DRIVE FRAMINGHAM, MA 01702
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66016643



05052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3391859	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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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 7, 2005

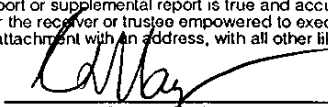
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SCHEMAN, JEFFREY 500 STAPLES DRIVE FRAMINGHAM, MA 01702
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VAN WOERKOM, JACK 500 STAPLES DRIVE FRAMINGHAM, MA 01702
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESTEY, RUSSELL 500 STAPLES DRIVE FRAMINGHAM, MA 01702
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SABOTIN, JOSEPH J 1814 COLONIAL DR. GREEN COVE SPRINGS, FL 32043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MAYERSON, ROBERT 500 STAPLES DRIVE FRAMINGHAM, MA 01702
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 # _____