

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Apr 11, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # J89315**

1. Entity Name  
**STAUBS, INC.**



Principal Place of Business  
**BEYERSDORF COMPANY**  
**2719 CENTRAL AVE.**  
**ST. PETERSBURG, FL 33713 US**

Mailing Address  
**% PAUL O. STAUBS**  
**812 AMELIA CT. NE**  
**SAINT PETERSBURG, FL 33702 US**

**DO NOT WRITE IN THIS SPACE**



03012005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-2839182**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**STAUBS, PAUL O.**  
**812 AMELIA CT NE**  
**SAINT PETERSBURG, FL 33702-2784**

**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	D
NAME	STAUBS, PAUL O.
STREET ADDRESS	812 AMELIA CT NE
CITY-ST-ZIP	SAINT PETERSBURG, FL 337022784
TITLE	D
NAME	STAUBS, ROBIN
STREET ADDRESS	812 AMELIA CT NE
CITY-ST-ZIP	SAINT PETERSBURG, FL 337022784
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/11/05-80100-011 150.00

**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

**PAUL O. STAUBS, PRESIDENT** 4/7/05 727-327-3387

Date

Daytime Phone #