


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 08, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L69074</b> 1. Entity Name <b>STAPLER ENTERPRISES, INC.</b>	
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08032007 No Chg-P CR2E034 (11/05)

Principal Place of Business <b>11911 WESTLINE DRIVE ST LOUIS, MO 63146 US</b>	Mailing Address <b>11911 WESTLINE DRIVE ST. LOUIS, MO 63146 US</b>
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**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0191999</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>MARBIN, EVAN R. 48 E. FLAGLER ST. PENTHOUSE #104 MIAMI, FL 33131</b>
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**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

000000771691  
08/08/07-80003-012 150.00

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

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	P LARNER, SAM 11911 WESTLINE DRIVE ST. LOUIS, MO
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LARNER, SAM 11911 WESTLINE DRIVE ST. LOUIS, MO
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**DO NOT WRITE  
IN THIS SPACE**

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 all other like empowered.

**SIGNATURE:**

*Sam Larner*

**SAM LARNER**

**8-4-07**

**561-9017675**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #