2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 08:00 A
Secretary of State

DOCUMENT # P02000093365

1. Entity Name
STAPLES, ELLIS, + ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
41 N JEFFERSON ST STE 400 PENSACOLA, FL 32501	41 N JEFFERSON ST STE 400 PENSACOLA, FL 32501

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01042008 No Chg-P CR2E034 (11/05)

4. FEI Number
04-3663323
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ELLIS, H.E. JR.
41 N JEFFERSON ST STE 400
PENSACOLA, FL 32501

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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 H.E. Ellis 1/10/08
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, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	STAPLES, THOMAS C
STREET ADDRESS	41 N JEFFERSON ST STE 400
CITY-ST-ZIP	PENSACOLA, FL 32501
TITLE	DV
NAME	ELLIS, H.E. JR
STREET ADDRESS	41 N JEFFERSON ST STE 400
CITY-ST-ZIP	PENSACOLA, FL 32501
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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TITLE	
NAME	
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CITY-ST-ZIP	

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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: H.E. Ellis 1/10/08 850-432-4143
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #