

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 24, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90181 026 \*\*\*150.00

<b>DOCUMENT # P03000081939</b> 1. Entity Name <b>DAVID STAPLES, INC.</b>			
Principal Place of Business <b>6652 E CALUMET CIR LAKE WORTH, FL 33467</b>		Mailing Address <b>6652 E CALUMET CIR LAKE WORTH, FL 33467</b>	
2. Principal Place of Business <b>6652 E. Calumet Cir</b> Suite, Apt. #, etc.		3. Mailing Address <b>6652 E. Calumet Cir</b> Suite, Apt. #, etc.	
City & State <b>LAKEWORTH FL</b>		City & State <b>LAKEWORTH FL</b>	
Zip <b>33467</b>		Zip <b>33467</b>	
4. FEI Number <b>20-0125553</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>STAPLES, DAVID 6652 E CALUMET CIR LAKE WORTH, FL 33467</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>6652 E. CALUMET CIR</b> City <b>LAKEWORTH FL</b> Zip Code <b>33467</b>	
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: <u><i>David Staples</i></u> <b>DAVID H. STAPLES - PRESIDENT</b> X <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-signing)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP STAPLES, DAVID 6652 E CALUMET CIR LAKE WORTH, FL 33467	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>6652 E. CALUMET CIR. LAKEWORTH, FL 33467</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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: <u><i>David Staples</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u><i>4/29/04</i></u> <small>Date Daytime Phone #</small>	

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