

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000156297

Entity Name: STAURUS, INC.

FILED
Apr 16, 2008
Secretary of State

Current Principal Place of Business:

244 PABLO RD.
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

Current Mailing Address:

244 PABLO RD.
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

FEI Number: 20-0537423

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STONEBURNER BERRY & SIMMONS, P.A.
841 PRUDENTIAL DR., STE. 1400
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

SIDNEY S. SIMMONS, ATTORNEY AT LAW
1050 RIVERSIDE AVE
JACKSONVILLE, FL 32204 US

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.

SIGNATURE: SIDNEY S. SIMMONS

04/16/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GLOVER, PEGGY H
Address: 244 PABLO ROAD
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: VP () Delete
Name: GLOVER, ROBERT T
Address: 244 PABLO ROAD
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: SEC (X) Delete
Name: GLOVER, ELIZABETH R
Address: 244 PABLO ROAD
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: TRES (X) Delete
Name: HAVERY, JANE M
Address: 3200 FARMINGTON DRIVE
City-St-Zip: ATLANTA, GA 303398

Title: DIR (X) Delete
Name: GLOVER, ROBERT H
Address: 244 PABLO ROAD
City-St-Zip: PONTE VERDA BEACH, FL 32082

Title: DIR (X) Delete
Name: GLOVER, PATRICK A
Address: 244 PABLO ROAD
City-St-Zip: PONTE VEDRA BEACH, FL 32082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SEC (X) Change () Addition
Name: GLOVER, ROBERT T
Address: 244 PABLO ROAD
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PEGGY H. GLOVER

PRES

04/16/2008

Electronic Signature of Signing Officer or Director

Date