

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000010180

1. Entity Name
BTC STAAB INC.



Principal Place of Business
5208 MORGAN RIDGE DR.
MILTON, FL 32570

Mailing Address
5208 MORGAN RIDGE DR.
MILTON, FL 32570

FILED
Jun 16, 2008 08:00 AM
Secretary of State



06122008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-3143406

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

STAAB, ROBERT
5208 MORGAN RIDGE DR.
MILTON, FL 32570

**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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

8. 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 PD
NAME STAAB, ROBERT
STREET ADDRESS 5208 MORGAN RIDGE DR.
CITY-ST-ZIP MILTON, FL 32570

TITLE VTSD
NAME STAAB, TERRY
STREET ADDRESS 5208 MORGAN RIDGE DR.
CITY-ST-ZIP MILTON, FL 32570

TITLE
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06/16/08-80003-004 158.75

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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: Robert Staab 6-12-08 950-554-6518
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #