2005 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 27, 2005 08:00 AM DOCUMENT # P95000000264 **Secretary of State** 1. Entity Name STAPLES INVESTMENT PARTNERS, INC. Principal Place of Business Mailing Address 1122 PARK STREET 7005 CENTRAL AVE. ST. PETERSBURG, FL 33710 ST. PETERSBURG, FL 33710 US CB2E034 (10/03) 01032005 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3289602 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent ARSENAULT, KENNETH G JR DO NOT WRITE 10225 ULMERTON ROAD SUITE 2 IN THIS SPACE LARGO, FL 34641 3. 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, 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, 2005 Fee will be \$550.00 Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS DP TITLE STAPLES, JACK R NAME STREET ADDRESS 1122 PARK STREET ST, PETERSBURG, FL 33710 CITY-ST-ZIP DVP MEDLEY, EDWARD NAME STREET ADDRESS 4300 45TH STREET SOUTH ST, PETERSBURG, FL 33711 CITY-ST-ZIP CANNOVA, MICHAEL F NAME STREET ADDRESS 200 MADONNA BLVD. DO NOT WRITE TIERRA VERDE, FL 33715 CITY-ST-ZIP IN THIS SPACE TITLE STAPLES, JUDIE C STREET ADDRESS 1122 PARK STREET CITY-ST-ZIP ST, PETERSBURG, FL 33710 TITLE NAME

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:

STREET ADDRESS CITY - ST - ZIP

NAME STREET ADDRESS CITY-ST-ZIP

CNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-75-05

127-432-9767

FILED

Daytime Phone