

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000000264

1. Entity Name
 STAPLES INVESTMENT PARTNERS, INC.



Principal Place of Business	Mailing Address
1122 PARK STREET ST. PETERSBURG, FL 33710	7005 CENTRAL AVE. ST. PETERSBURG, FL 33710 US



01192006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3289602	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ARSENAULT, KENNETH G JR
 10225 ULMERTON ROAD
 SUITE 2
 LARGO, FL 34641

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

1100001399475
 02/01/06-80013-018 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	STAPLES, JACK R
STREET ADDRESS	1122 PARK STREET
CITY-ST-ZIP	ST. PETERSBURG, FL 33710
TITLE	DVP
NAME	MEDLEY, EDWARD
STREET ADDRESS	4300 45TH STREET SOUTH
CITY-ST-ZIP	ST. PETERSBURG, FL 33711
TITLE	DVS
NAME	CANNOVA, MICHAEL F
STREET ADDRESS	200 MADONNA BLVD.
CITY-ST-ZIP	TIERRA VERDE, FL 33715
TITLE	DS
NAME	STAPLES, JUDIE C
STREET ADDRESS	1122 PARK STREET
CITY-ST-ZIP	ST. PETERSBURG, FL 33710
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓ 1-20-06 Date

729-432-9767 Daytime Phone #