## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P9500000264 \* 1. Entity Name STAPLES INVESTMENT PARTNERS, INC.

Jan 12, 20 Secreta

FILED Jan 12, 2007 08:00 AN Secretary of State

Principal Place of Business

1122 PARK STREET ST. PETERSBURG, FL 33710 Mailing Address

7005 CENTRAL AVE.

ST. PETERSBURG, FL 33710

US



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01042007 No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3289602

Applied For Not Applicable

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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	a named entity submits this statement for the purpose of chang tions of registered agent.	ing its registered office or registered agent,	or both, in the State of Florida.	
SIGNATURE.				
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE, Registered Agent signature required when reinsta	(ing)	DATE

FILE NOW!!! FEE IS \$150.00

9. Election Campaign Financing

\$5.00 May Be Added to Fees U000000585316

01/16/07-80008-004 150.00

After M	ay 1, 2007 Fee will be \$550.00	Trust Fund Contribution.
10.	OFFICERS AND DIREC	TORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP STAPLES, JACK R 1122 PARK STREET ST. PETERSBURG, FL 33710	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MEDLEY, EDWARD 4300 45TH STREET SOUTH ST. PETERSBURG, FL 33711	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS CANNOVA, MICHAEL F 200 MADONNA BLVD. TIERRA VERDE, FL 33715	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS STAPLES, JUDIE C 1122 PARK STREET ST. PETERSBURG, FL 33710	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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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 addition, with all other like empowered.

SIGNATURE:

NATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR D

1-9-0

777 432-976

Date

Daytime Phone #