

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000000264

FILED
Jan 29, 2009
Secretary of State

Entity Name: STAPLES INVESTMENT PARTNERS, INC.

Current Principal Place of Business:

1122 PARK STREET
ST. PETERSBURG, FL 33710

New Principal Place of Business:

Current Mailing Address:

7005 CENTRAL AVE.
ST. PETERSBURG, FL 33710 US

New Mailing Address:

FEI Number: 59-3289602 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: STAPLES, JACK R
Address: 1122 PARK STREET
City-St-Zip: ST. PETERSBURG, FL 33710

Title: DVP () Delete
Name: MEDLEY, EDWARD
Address: 4300 45TH STREET SOUTH
City-St-Zip: ST. PETERSBURG, FL 33711

Title: DVS () Delete
Name: CANNOVA, MICHAEL F
Address: 200 MADONNA BLVD.
City-St-Zip: TIERRA VERDE, FL 33715

Title: DS () Delete
Name: STAPLES, JUDIE C
Address: 1122 PARK STREET
City-St-Zip: ST. PETERSBURG, FL 33710

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: STEVE WOLF PROPERTY MANAGER

AGEN

01/29/2009

Electronic Signature of Signing Officer or Director

_____ Date