


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 20, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F47176**

1. Entity Name  
**ST. PETERSBURG MAP & BLUE PRINT CO.**



Principal Place of Business <b>3652 18TH AVE          SAINT PETERSBURG, FL 33713 US</b>	Mailing Address <b>C/O H. TODD ROBBINS          PO BOX 425          ST. PETERSBURG, FL 33731-0425 US</b>
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01062006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2130546</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**H. TODD ROBBINS  
 3652 18TH AVE N  
 SAINT PETERSBURG, FL 33713**

**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 reappointing) DATE \_\_\_\_\_

**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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ROBBINS, H. TODD 3652 18TH AVE N SAINT PETERSBURG, FL 33713
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD ROBBINS, HARRY JR. 6443 30TH AVE ST PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST ROBBINS, DONNA K. 3652 18TH AVE N SAINT PETERSBURG, FL 33713
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

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 01/24/06 60043-020 150.00

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: Donna Robbins Donna Robbins 1-9-06 7278223652  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #