


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # F47176
 1. Entity Name
ST. PETERSBURG MAP & BLUE PRINT CO.



Principal Place of Business 3652 18TH AVE SAINT PETERSBURG, FL 33713 US	Mailing Address C/O H. TODD ROBBINS PO BOX 425 ST. PETERSBURG, FL 33731-0425 US
--	---

DO NOT WRITE IN THIS SPACE



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2130546	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 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 _____ 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, 2007 Fee will be \$550.00

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

U00000589144
 01/18/07-80003-022 150.00

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

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: H. Todd Robbins **H. Todd Robbins** 1/10/07 727-822-3652
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #