


2008. FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 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



01082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2130546 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

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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: **1/11/08**
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, 2008 Fee will be \$550.00

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

000000782207
 01/15/08-80067-001 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ROBBINS, H. TODD
STREET ADDRESS	3652 18TH AVE N
CITY-ST-ZIP	SAINT PETERSBURG, FL 33713
TITLE	VPD
NAME	ROBBINS, HARRY JR.
STREET ADDRESS	6443 30TH AVE
CITY-ST-ZIP	ST PETERSBURG, FL
TITLE	ST
NAME	ROBBINS, DONNA K.
STREET ADDRESS	3652 18TH AVE N
CITY-ST-ZIP	SAINT PETERSBURG, FL 33713
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:  DATE: **1/11/08** **727822-3652**