


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2004 08:00 AM
Secretary of State

DOCUMENT # F47176		
1. Entity Name ST. PETERSBURG MAP & BLUE PRINT CO.		
Principal Place of Business C/O H. TODD ROBBINS 2411 39TH AVE. N SAINT PETERSBURG, FL 33714 US		Mailing Address C/O H. TODD ROBBINS PO BOX 425 ST. PETERSBURG, FL 33731-0425 US
DO NOT WRITE IN THIS SPACE		
		01092004 No Chg-P CR2E034 (10/03)
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 2411 39TH AVE. N SAINT PETERSBURG, FL 33714		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
		U000000090222 03/17/04-80009-019 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ROBBINS, H. TODD 2411 39TH AVENUE, NORTH ST PETERSBURG, FL 00000,	
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. 2411 39TH AVENUE, N SAINT PETERSBURG, FL 33714	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>H. Todd Robbins</u>		3/13/04 727-822-3652
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>