

**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
**3652 18TH AVE
SAINT PETERSBURG, FL 33713 US**

Mailing Address
**C/O H. TODD ROBBINS
PO BOX 425
ST. PETERSBURG, FL 33731-0425 US**



01062006 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**

**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 _____
Signature, typed or printed name of registered agent and title if applicable. (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 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

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11000001341644
01/24/06 60043-020 150.00

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