

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F47176

FILED
Jan 14, 2009
Secretary of State

Entity Name: ST. PETERSBURG MAP & BLUE PRINT CO.

Current Principal Place of Business:

3652 18TH AVE
SAINT PETERSBURG, FL 33713 US

New Principal Place of Business:

3652 18TH AVE N
SAINT PETERSBURG, FL 33713 US

Current Mailing Address:

C/O H. TODD ROBBINS
PO BOX 425
ST. PETERSBURG, FL 337310425 US

New Mailing Address:

FEI Number: 59-2130546 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ROBBINS, H. TODD
Address: 3652 18TH AVE N
City-St-Zip: SAINT PETERSBURG, FL 33713

Title: VPD () Delete
Name: ROBBINS, HARRY JR.
Address: 6443 30TH AVE
City-St-Zip: ST PETERSBURG, FL

Title: ST () Delete
Name: ROBBINS, DONNA K.
Address: 3652 18TH AVE N
City-St-Zip: SAINT PETERSBURG, FL 33713

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: ROBBINS, HARRY JR.
Address: 6443 30TH AVE N
City-St-Zip: ST PETERSBURG, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: H TODD ROBBINS

PD

01/14/2009

Electronic Signature of Signing Officer or Director

_____ Date