


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 24, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L69545</b> 1. Entity Name KRIMPERS OF ST. PETERSBURG, INC.	
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Principal Place of Business KRIMPERS 2900-4TH ST N 104-A ST. PETERSBURG, FL 33704 US	Mailing Address 2900-4TH ST N STE 104A ST. PETERSBURG, FL 33704 US
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02262006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3007701	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**

BRINSON, DEBBIE B.  
2900 4TH ST N  
STE 104-A  
ST. PETERSBURG, FL 33704

**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 re-registering)

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 NAME STREET ADDRESS CITY- ST- ZIP	PO BRINSON, MALCOLM J. 3625 10TH ST. N.E. SAINT PETERSBURG, FL 33704
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	STD BRINSON, DEBORAH B. 3625 10TH ST. N.E. SAINT PETERSBURG, FL 33704
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD TOLSON, ELIZABETH F. 1897 DOLPHIN BLVD. SAINT PETERSBURG, FL 33704
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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04/10/06-80024-001 150.00

**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:** Deborah B. Brinson Deborah B. Brinson 3/21/06 727-821-1266  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #