

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90159 012 ***150.00

DOCUMENT # L69545

1. Entity Name
KRIMPERS OF ST. PETERSBURG, INC.



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**

2. Principal Place of Business - No P.O. Box #
3625-10TH ST NE

3. Mailing Address
3625-10TH ST NE.

Suite, Apt. #, etc.

04172008 Chg-P CR2E034 (12/06)



City & State
St Petersburg, FL.

City & State
St. Petersburg, FL.

4. FEI Number
59-3007701

Applied For
☐ Not Applicable

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

Zip
33704

Country
USA

Zip
33704

Country
USA

6. Name and Address of Current Registered Agent
**BRINSON, DEBBIE B.
2900 4TH ST N
STE 104-A
ST. PETERSBURG, FL 33704**

7. Name and Address of New Registered Agent
Name
Debbie B. Brinson
Street Address (P.O. Box Number is Not Acceptable)
3625 10th Street NE
City
St Petersburg **FL** Zip Code
33704

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 *Debbie B. Brinson* **4-27-08**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**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**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BRINSON, DEBORAH B 3625 10TH ST. N.E. SAINT PETERSBURG, FL 33704 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD TOLSON, ELIZABETH F 1897 DOLPHIN BLVD. SAINT PETERSBURG, FL 33707 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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** **4-27-08 (727) 821-1266**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #