

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

**DOCUMENT # P94000087081**

1. Entity Name

HALPRIN TRUST, INC.



Principal Place of Business  
6681 49TH STREET NORTH  
PINELLAS PARK FL 34665

Mailing Address  
6681 49TH STREET NORTH  
PINELLAS PARK FL 34665

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number  
**59-3282008**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

HALPRIN, LAURA A  
6681 49TH STREET NORTH  
PINELLAS PARK FL 34665

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00** May Be  
Trust Fund Contribution ☐ Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DST ☐ Delete

NAME HALPRIN, LAURA A  
STREET ADDRESS 6681 49TH STREET NORTH  
CITY-ST-ZIP PINELLAS PARK FL

TITLE DP ☐ Delete

NAME HALPRIN, DAVID A  
STREET ADDRESS 6681 49TH ST NO  
CITY-ST-ZIP PINELLAS PARK FL

TITLE D ☐ Delete

NAME BRAME, ELAINE  
STREET ADDRESS 6681 49TH ST. NORTH  
CITY-ST-ZIP PINELLAS PARK FL 33781

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Add

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
000000526564  
05/04/06-80078-012 150.00

TITLE ☐ Change ☐ Add

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Add

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Add

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Add

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Add

NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: David A. Halprin, President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/06

(727) 521-4664

Date

Daytime Phone #