

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000087081

Entity Name: HALPRIN TRUST, INC.

FILED
Apr 24, 2009
Secretary of State

Current Principal Place of Business:

6681 49TH STREET NORTH
PINELLAS PARK, FL 34665

New Principal Place of Business:

6681 49TH STREET NORTH
PINELLAS PARK, FL 33781

Current Mailing Address:

6681 49TH STREET NORTH
PINELLAS PARK, FL 34665

New Mailing Address:

6681 49TH STREET NORTH
PINELLAS PARK, FL 33781

FEI Number: 59-3282008

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

HALPRIN, LAURA A
6681 49TH STREET NORTH
PINELLAS PARK, FL 33781 US

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:

04/24/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DST () Delete
Name: HALPRIN, LAURA A
Address: 6681 49TH STREET NORTH
City-St-Zip: PINELLAS PARK, FL

Title: DP () Delete
Name: HALPRIN, DAVID A
Address: 6681 49TH ST NO
City-St-Zip: PINELLS PARK, FL

Title: D () Delete
Name: BRAME, ELAINE
Address: 6681 49TH ST. NORTH
City-St-Zip: PINELLAS PARK, FL 33781

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DST (X) Change () Addition
Name: HALPRIN, LAURA A
Address: 6681 49TH STREET NORTH
City-St-Zip: PINELLAS PARK, FL 33781

Title: DP (X) Change () Addition
Name: HALPRIN, DAVID A
Address: 6681 49TH STREET NORTH
City-St-Zip: PINELLS PARK, FL 33781

Title: D (X) Change () Addition
Name: BRAME, ELAINE
Address: 6681 49TH STREET NORTH
City-St-Zip: PINELLAS PARK, FL 33781

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: DAVID A. HALPRIN

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04/24/2009

Electronic Signature of Signing Officer or Director

Date