## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT	# P95000080575
A Parks Name	

MANAGEMENT RECRUITERS OF ST. PETERSBURG, INC.



Principal Place of Business

9500 KOGER BLVD STE 203 ST PETERSBURG, FL 33702 Mailing Address

9500 KOGER BLVD STE 203 ST PETERSBURG, FL 33702



## DO NOT WRITE IN THIS SPACE

01162006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3347707

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6.	Name	and	Address	of	Current	Registered	Agent

Signature, typed or printed name of registered agent and title it applicable.

PETRILLO, PHILLIP 8 9500 KOGER BLVD STE 203 ST PETERSBURG, FL 33702

SIGNATURE.

## 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 iamiliai with, and accept
	the obligations of registered agent.	

(NOTE, Registered Agent signature required when reinstating)

FILE NOW!!! FEE 15 \$150.00

DATE

F(LE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS 10. TITLE PETRILLO, PHILLIP B NAME 425 22ND STREET STREET ADDRESS CITY-ST-ZIP BELLEAIR BEACH, FL 33786 TiTLF PETRILLO, ELIZABETH A NAME STREET ADDRESS 425 22ND STREET CITY-ST-219 BELLEAIR BEACH, FL 33786 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS C/TY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

DO NOT WRITE IN THIS SPACE

12. Thereby certify that the information supplied with this filling 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 In the empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in changed, or on an attachment with a long test, with all other like impowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

TURE IN TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/06 727-577-

Daytime Phone #