

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 273281

FILED
Apr 30, 2008
Secretary of State

Entity Name: WOODARD VAULT SERVICE, INC.

Current Principal Place of Business:

519 SOUTH RIVERHILLS DR
TEMPLE TERRACE, FL 33617

New Principal Place of Business:

Current Mailing Address:

519 SOUTH RIVERHILLS DR
TEMPLE TERRACE, FL 33617

New Mailing Address:

FEI Number: 59-1022688

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOODARD, R. F.
519 SOUTH RIVERHILLS DR
TEMPLE TERRACE, FL 33617 US

Name and Address of New Registered Agent:

WOODARD, ANGELA A
519 SOUTH RIVERHILLS DR
TEMPLE TERRACE, FL 33617 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: ANGELA WOODARD

04/30/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WOODARD, ROBERT F JR
Address: 519 SOUTH RIVERHILLS DR
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: S () Delete
Name: WOODARD, JOANNE B
Address: 519 SOUTH RIVERHILLS DR
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: VP (X) Delete
Name: WOODARD, ANGELA A
Address: 519 SOUTH RIVERHILLS DR
City-St-Zip: TEMPLE TERRACE, FL 33617

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: WOODARD, ANGELA
Address: 519 SOUTH RIVERHILLS DR
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ANGELA WOODARD

VP

04/30/2008

Electronic Signature of Signing Officer or Director

Date