

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90028 004 ***150.00

DOCUMENT # 455660
 1. Entity Name
ROBERTS VAULT COMPANY, INC.



Principal Place of Business Mailing Address
14621 ROBERTS BARN **14621 ROBERTS BARN RD**
DADE CITY FL 33523-7535 **DADE CITY FLORIDA 33525**
US **US**



1st MOORE CR2E034 (10/05)

2. Principal Place of Business 3. Mailing Address
14621 Roberts Barn Rd.
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Dade City, Fl. 33523

Zip Country Zip Country
33523 **US**

4. FEI Number **59-1549193** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
WALLER, CHARLES D
419 E LIVE OAK
DADE CITY FL 33525

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 _____ (NOTE: Registered Agent signature required when re-instating) 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	D	<input checked="" type="checkbox"/> Delete
NAME	ROBERTS, CURTIS EMORY	
STREET ADDRESS	14621 ROBERTS BARN RD	
CITY-ST-ZIP	DADE CITY FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ROBERTS, CRAIG M.	
STREET ADDRESS	14621 ROBERTS BARN RD	
CITY-ST-ZIP	DADE CITY FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ROBERTS, DONNA C.	
STREET ADDRESS	14621 ROBERTS BARN RD	
CITY-ST-ZIP	DADE CITY FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ROBERTS, STEVEN E.	
STREET ADDRESS	14621 ROBERT BARN RD	
CITY-ST-ZIP	DADE CITY FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ROBERTS, GREGG C.	
STREET ADDRESS	14621 ROBERTS BARN RD	
CITY-ST-ZIP	DADE CITY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Donna C. Roberts **Donna C. Roberts** (352) 567-2138
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **Mar. 29, 2006** Daytime Phone #