


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90098 045 ***158.75

| | | | | | |
|--|-----------------------|--|--|---|--|
| DOCUMENT # 455660 | | | |  | |
| 1. Entity Name ROBERTS VAULT COMPANY, INC. | | | | | |
| Principal Place of Business 14621 ROBERTS BARN DADE CITY, FL 33523-7535 US | | | Mailing Address 14621 ROBERTS BARN RD DADE CITY, FL 33523 US | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 01242007 Chg-P CR2E034 (12/06) | |
| Zip | | Country | | 4. FEI Number 59-1549193 | |
| | | | | Applied For Not Applicable | |
| | | | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| WALLER, CHARLES D 479 E LIVE OAK DADE CITY, FL 33525 | | | Name Waller, Charles D. Street Address (P.O. Box Number is Not Acceptable) 38038 Meridian Avenue Dade City City FL Zip Code 33525 | | |
| 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 reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | VP | <input checked="" type="checkbox"/> Delete | TITLE | P/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROBERTS, CRAIG M. | | NAME | Roberts, Craig M. | |
| STREET ADDRESS | 14621 ROBERTS BARN RD | | STREET ADDRESS | 14621 Roberts Barn Road | |
| CITY-ST-ZIP | DADE CITY, FL | | CITY-ST-ZIP | Dade City, FL. 33523 | |
| TITLE | ST | <input type="checkbox"/> Delete | TITLE | ST/C | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROBERTS, DONNA C. | | NAME | Roberts, Donna C. | |
| STREET ADDRESS | 14621 ROBERTS BARN RD | | STREET ADDRESS | 14621 Roberts Barn Road | |
| CITY-ST-ZIP | DADE CITY, FL | | CITY-ST-ZIP | Dade City, FL. 33523 | |
| TITLE | VP | <input type="checkbox"/> Delete | TITLE | VP/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROBERTS, STEVEN E. | | NAME | Roberts, Steven E. | |
| STREET ADDRESS | 14621 ROBERT BARN RD | | STREET ADDRESS | 14621 Roberts Barn Road | |
| CITY-ST-ZIP | DADE CITY, FL | | CITY-ST-ZIP | Dade City, FL. 33523 | |
| TITLE | VP | <input type="checkbox"/> Delete | TITLE | VP/M | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROBERTS, GREGG C. | | NAME | Roberts, Gregg C. | |
| STREET ADDRESS | 14621 ROBERTS BARN RD | | STREET ADDRESS | 14621 Roberts Barn Road | |
| CITY-ST-ZIP | DADE CITY, FL | | CITY-ST-ZIP | Dade City, FL. 33523 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 12. I hereby certify that the information supplied with this filing 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 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: <i>Donna C. Roberts</i> | | DONNA C. ROBERTS | | 1/26/07 567-2138 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | | Daytime Phone # | |