


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2008 08:00 AM
Secretary of State

DOCUMENT # 455660 1. Entity Name ROBERTS VAULT COMPANY, INC.	
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Principal Place of Business 14621 ROBERTS BARN DADE CITY, FL 33523-7535 US	Mailing Address 14621 ROBERTS BARN RD DADE CITY, FL 33523 US
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01072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1549193	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WALLER, CHARLES D
 38038 MERIDIAN AVE.
 DADE CITY, FL 33525

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 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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000899444 04/25/08-80098-016 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBERTS, CRAIG M. 14621 ROBERTS BARN RD DADE CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STC ROBERTS, DONNA C. 14621 ROBERTS BARN RD DADE CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ROBERTS, STEVEN E. 14621 ROBERT BARN RD DADE CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPM ROBERTS, GREGG C. 14621 ROBERTS BARN RD DADE CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Donna C. Roberts 4/9/08 (352) 567-2138
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #