

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 455660

FILED  
Mar 11, 2010  
Secretary of State

**Entity Name:** ROBERTS VAULT COMPANY, INC.

**Current Principal Place of Business:**

14621 ROBERTS BARN  
DADE CITY, FL 335237535 US

**New Principal Place of Business:**

**Current Mailing Address:**

14621 ROBERTS BARN RD  
DADE CITY, FL 33523 US

**New Mailing Address:**

14621 ROBERTS BARN  
DADE CITY, FL 335237535 US

FEI Number: 59-1549193

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: ROBERTS, CRAIG M.  
Address: 14621 ROBERTS BARN RD  
City-St-Zip: DADE CITY, FL

Title: STC  
Name: ROBERTS, DONNA C.  
Address: 14621 ROBERTS BARN RD  
City-St-Zip: DADE CITY, FL

Title: VPD  
Name: ROBERTS, STEVEN E.  
Address: 14621 ROBERT BARN RD  
City-St-Zip: DADE CITY, FL

Title: VPM  
Name: ROBERTS, GREGG C.  
Address: 14621 ROBERTS BARN RD  
City-St-Zip: DADE CITY, FL

I hereby 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 all other like empowered.

SIGNATURE: DONNA ROBERTS

STC

03/11/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date