


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90091 017 ***158.75

DOCUMENT # L38389 1. Entity Name FLORIDA VAULT SERVICE, INC.			
Principal Place of Business 4300 31ST STREET NORTH ST. PETERSBURG, FL 33714		Mailing Address 4300 31ST STREET NORTH ST. PETERSBURG, FL 33714	
2. Principal Place of Business 3007 1/2 - 47th AVENUE		3. Mailing Address P.O. BOX # 60573	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State ST. PETERSBURG, FL		City & State ST. PETERSBURG, FL	
Zip 33714		Zip 33784	
Country PRINELAS		Country HINELAS	
4. FEI Number 59-2996441		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SNEDAKER, HARRY W. 4300 31ST STREET NORTH ST. PETERSBURG, FL 33714		7. Name and Address of New Registered Agent Name SNEDAKER, HARRY W. Street Address (P.O. Box Number is Not Acceptable) 3007 1/2 - 47th AVENUE City ST. PETERSBURG FL Zip Code 33714	
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 <u><i>Harry W. Snedaker</i></u> DATE <u>1/31/05</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 NAME STREET ADDRESS CITY-ST-ZIP	PD SNEDAKER, HARRY W. 4300 31ST STREET NORTH ST. PETERSBURG, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SNEDAKER, HARRY W. 3007 1/2 - 47th AVENUE ST. PETERSBURG, FL 33714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>Harry W. Snedaker</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>1/31/05</u> Daytime Phone # <u>727-527-4992</u>	

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