


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 08:00 AM
Secretary of State

P0000011211 1. Entity Name RUSTIN VAULT & MONUMENT CO. INC.	
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Principal Place of Business 648 RUSTIN DR. CHIPLEY, FL 32428	Mailing Address 648 RUSTIN DR. CHIPLEY, FL 32428
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01152004 000000 0000000000000000

4. FEI Number 59-3634183	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 00000000 0000000000

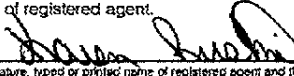
DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent

RUSTIN, KAREN
 648 RUSTIN DR.
 CHIPLEY, FL 32428

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:  DATE: _____

Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution \$5.00 000000
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RUSTIN, KAREN K 648 RUSTIN DRIVE CHIPLEY, FL 32428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RUSTIN, RONAL D 648 RUSTIN DRIVE CHIPLEY, FL 32428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RUSTIN, KAREN K 648 RUSTIN DRIVE CHIPLEY, FL 32428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RUSTIN, KAREN K 648 RUSTIN DRIVE CHIPLEY, FL 32428
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 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:  Date: 1-15-04 Daytime Phone #: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR