2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

FILED Mar 15, 2007 08:00 A Secretary of State DOCUMENT # P00000011211 1. Entity Name RUSTIN VAULT & MONUMENT CO. INC. Principal Place of Business Mailing Address 648 RUSTIN DR. 648 RUSTIN DR. CHIPLEY FL 32428 CHIPLEY FL 32428 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suito, Apt. #, etc. Suite, Apt. #, otc. 1st MOORE CR2E034 (10/06) 4. FEI Number 59-3634183 Applied For City & State City & Stato Not Applicable Ζıp Ζφ Country **\$8.75** Addıtional Country 5. Cortificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RUSTIN, KAREN Street Address (P.O. Box Number is Not Acceptable) 648 RUSTIN DR. CHIPLEY FL 32428 City Zip Code 8. The above named onliny 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) Signature, typed or printed name of registered agent and title r applicable. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Change Blot TITLE ☐ Dolele RUSTIN, KAREN K NAME NAME 648 RUSTIN DRIVE STREET ADDRESS STRFF LADORESS CHIPLEY FL 32428 CITY-ST-7IP CITY-ST-ZIP VP ☐ Change Addition Delete TITLE TITLE RUSTIN, RONAL D NAME NAME 648 RUSTIN DRIVE STREET ADDRESS STREET ADDRESS CHIPLEY FL 32428 CITY-S1-7IP CITY-ST-7IP Change Addition TITLE Delete -117E-RUSTIN, KAREN K NAME NAME 648 RUSTIN DRIVE STREET ADDRESS STREET ADDRESS CHIPLEY FL 32428 CITY - ST - 7IP CITY ST-7IP Change ■ Addition Delete THLE RUSTIN, KAREN K NAME 648 RUSTIN DRIVE STREET ADDRESS STREET ADDRESS CHIPLEY FL 32428 CITY-SI-7IP CITY-ST-7IP Change Addition ☐ Delete IIILE THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-7IP CITY - SE-ZIP Change Addition III Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-7/P 12. I horoby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 logal 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

OFFICER OR DIRECTOR