

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P00000011211

1. Entity Name

RUSTIN VAULT & MONUMENT CO. INC.



Principal Place of Business

**648 RUSTIN DR.
CHIPLEY, FL 32428**

Mailing Address

**648 RUSTIN DR.
CHIPLEY, FL 32428**



01212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3634183

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

000000023645

02/26/08-80049-015 150.00

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	RUSTIN, KAREN K
STREET ADDRESS	648 RUSTIN DRIVE
CITY-ST-ZIP	CHIPLEY, FL 32428
TITLE	VP
NAME	RUSTIN, RONAL D
STREET ADDRESS	648 RUSTIN DRIVE
CITY-ST-ZIP	CHIPLEY, FL 32428
TITLE	S
NAME	RUSTIN, KAREN K
STREET ADDRESS	648 RUSTIN DRIVE
CITY-ST-ZIP	CHIPLEY, FL 32428
TITLE	T
NAME	RUSTIN, KAREN K
STREET ADDRESS	648 RUSTIN DRIVE
CITY-ST-ZIP	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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-08

Date

850-638-0909

Daytime Phone #