

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P0000011211

1. Entity Name
RUSTIN VAULT & MONUMENT CO. INC.



Principal Place of Business Mailing Address

**648 RUSTIN DR.
 CHIPLEY, FL 32428** **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 <input type="checkbox"/>	\$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)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	DATE 02/26/08-80049-015 150.00
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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	

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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: *Karen Rustin* 2-14-08 850-638-0909
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #