

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000081194

1. Entity Name
 VAULT - LEM TURNER, INC.



Principal Place of Business
 7220 FINANCIAL WAY
 SUITE 400
 JACKSONVILLE, FL 32256 US

Mailing Address
 7220 FINANCIAL WAY
 SUITE 400
 JACKSONVILLE, FL 32256 US



01132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3220370 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALLEN, JOHN J
 7220 FINANCIAL WAY
 SUITE 400
 JACKSONVILLE, FL 32256

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 title if applicable. (NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

100000405618
 02/07/06-80047-019 150.00

10. OFFICERS AND DIRECTORS

TITLE DPT
 NAME ALLEN, JOHN J.
 STREET ADDRESS 7220 FINANCIAL WAY
 CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE S
 NAME ALLEN, LAURA HENRY
 STREET ADDRESS 7220 FINANCIAL WAY
 CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE CD
 NAME ROBINSON, I. RHODES
 STREET ADDRESS 7220 FINANCIAL WAY
 CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: Laura Henry Allen 1/18/06 904 296 8006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #