2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P96000028433

1. Entity Name
CHARLES SMITH VAULT CO., INC.

Principal Place of Business
702 N CARYVILLE RD
BONIFAY, FL 32425

Mailing Address
702 N CARYVILLE RD
BONIFAY, FL 32425

DO NOT WRITE IN THIS SPACE

FILED

04 JAN 14 AM 10: 16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01082004   No Chg-P   CR2E034 (10/03)

4. FEI Number
59-3373590

Applied for
Not Applicable

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

6. Name and Address of Current Registered Agent

SMITH, CHARLES
702 N CARYVILLE RD
BONIFAY, FL 32425

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.

SIGNATURE: _____

90002777O449
01/29/04--01028--019 **150.00

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

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

10.   OFFICERS AND DIRECTORS

TITLE	PS
NAME	CHARLES SMITH
STREET ADDRESS	702 N CARYVILLE RD
CITY-ST-ZIP	BONIFAY, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TS

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: *Charles Smith* Charles Smith   1-9-04   (850) 547-3125

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

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1. Entity Name

CHARLES SMITH VAULT CO., INC.

Principal Place of Business	Mailing Address
702 N CARYVILLE RD BONIFAY, FL 32425	702 N CARYVILLE RD BONIFAY, FL 32425
2. Principal Place of Business	**3.** Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country

01152004   Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3373590	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SMITH, CHARLES 702 N CARYVILLE RD BONIFAY, FL 32425	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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

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

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PS NAME CHARLES SMITH STREET ADDRESS 702 N CARYVILLE RD CITY-ST-ZIP BONIFAY, FL		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition

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SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #