2006 FOR PROFIT CORPORATION ANNUAL REPORT.

FILED Jan 09, 2006 08:00 AN Secretary of State

	ANNUAL	REPORT,					00.00 A
DOCUMENT # P96000028433					Sec	cretary	of State
1. Entity Nam	se .		42 2				
CHARLE	S SMITH VAULT CO., INC.						
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Principal Plac		Mailing Address					
702 N CARY BONIFAY, FL		702 N CARYVILLE RD Bonifay, Fl 32425					
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	-					- \$ 8.7	Not Applicable 5 Additional
				5. Certificate	of Status Desired		equired
•••	6. Name and Address of Current Ro	gistered Agent				yeryenan on wrone o	n ivrogenvno i viv tor segeci. A viv tor segeciente A vivo vivo segeciente
SMITH, CHARLES				DO	NOT WI	RITE	
702 N CARYVILLE RD BONIFAY, FL 32425					and the second of		
·				117	THIS SP	HUE	
					1.17 57 72.1	r. filli	AT CONTRACT
	named entity submits this statement for to	ne purpose of changing its register	ed office or register	ed agent, or bo	th, in the State of Flori	da. am familia	r with, and accept
tue opugat	dolla di regiatorea agenti.						
SIGNATURE.	Signature, typed or printed name of registered agent and	title if applicable. (NOTE: Register	od Agent signature required	when reinstating)		DATE	
		9. Election Campaign Fina	ncina \$5	00 May Be			
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Trust Fund Contribution.	Trust Fund Contribution. Add			. _	
10.	OFFICERS AND D	RECTORS		-			1.44 P 44.4
title Name	PS CHARLES SMITH						
STREET ADDRESS	702 N CARYVILLE RD					TSB04 23	m.,
CITY-ST-ZIP	BONIFAY, FL		-		01/11/06	-80015-00	150.00°
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CITY-ST-ZIP			1				
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STREET ADDRESS CITY-ST-ZIP						Arabina Araba	
TITLE			1	_	6.3	. <u>7</u> 1	
NAME		,		•	•		- 19-4
STREET ADDRESS CITY-ST-ZIP			1		****		
TITLE			1				் தல் நடிகள் முறி
NAME						. 1 - 7 - 7	4) ABATTY
STREET ADDRESS							

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:

GROULD SIMILED SIGNATURE AND TYPED OF PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

1-5-06

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Date