


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 17, 2006 8:00 am**  
**Secretary of State**

02-17-2006 90061 025 \*\*\*150.00

DOCUMENT # F97000000126					
1. Entity Name ANCHOR GLASS CONTAINER CORPORATION					
Principal Place of Business 4343 ANCHOR PLAZA PKWY TAMPA, FL 33634 US		Mailing Address ANCHOR GLASS CONTAINER CORP. 4343 ANCHOR PLAZA PKWY TAMPA, FL 33634-7513			
2. Principal Place of Business 3101 W. Dr. Martin Luther King, Jr. Blvd Suite, Apt. #, etc. SUITE 301 City & State TAMPA, FL Zip 33607 Country USA		3. Mailing Address 3101 W. Dr. Martin Luther King, Jr. Blvd Suite, Apt. #, etc. SUITE 301 City & State TAMPA, FL Zip 33607 Country USA			
4. FEI Number 59-3417812		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			FL		
Zip Code			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VPF	<input checked="" type="checkbox"/> Delete	TITLE	CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RENO, PETER		NAME	MARK BURGESS	
STREET ADDRESS	4343 ANCHOR PLAZA PKWY		STREET ADDRESS	3101 W. DR. MARTIN LUTHER KING JR. BLVD, SUITE 301	
CITY-ST-ZIP	TAMPA, FL 33634		CITY-ST-ZIP	TAMPA, FL 33607	
TITLE	VPS	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KABAKER, RICHARD		NAME		
STREET ADDRESS	4343 ANCHOR PLAZA		STREET ADDRESS	3101 W. DR. MARTIN LUTHER KING JR. BLVD SUITE 301	
CITY-ST-ZIP	TAMPA, FL 33634		CITY-ST-ZIP	TAMPA, FL 33607	
TITLE	VPTT	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREATHOUSE, HAROLD		NAME		
STREET ADDRESS	4343 ANCHOR PLAZA		STREET ADDRESS	3101 W. DR. MARTIN LUTHER KING JR. BLVD, SUITE 301	
CITY-ST-ZIP	TAMPA, FL 33634		CITY-ST-ZIP	TAMPA, FL 33607	
TITLE	VPO	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERB, ROGER		NAME		
STREET ADDRESS	4343 ANCHOR PLAZA		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33634		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Harold C. Greathouse</i>		Harold C. GREATHOUSE		2/7/06 913-882-7701	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	