2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 08, 2008 8:00 am DOCUMENT # H12838 **Secretary of State** 1. Entity Name 02-08-2008 90042 006 ***150.00 COMPLETE CONTAINER CORPORATION Principal Place of Business Mailing Address C/O RUTH L. LAGROW 744 STATE ROAD 621 EAST LAKE-PLACID FL 33852 PO BOX 1679 C/O RUTH LAGROW-LAKE PLACID FL 33862 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 10962 Payre Rd Same as above Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State 4. FEI Number Applied For 59-2426554 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HALL, KIMBERLY D 10962 PAYNE RD. Street Address (P.O. Box Number is Not Acceptable) SEBRING FL 33875 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or coth, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agora signature required when reinstating) FILE NOW!!!- FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ST ☐ Delete TITLE Change Addition LAGROW, RUTH L. NAME NAME 200 WINDY POINT RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE PLACID FL 33852 CITY-ST-ZIP PΥ TITLE ☐ Delete TITLE ☐ Change ■ Addition HALL, KIMBERLY D NAME STREET ACCRESS 10962 PAYNE ROAD STREET ADDRESS SEBRING FL 33875 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE TITLE ☐ Delete Change ■ Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS OITY-ST-219 CITY-ST-ZIP TIT! F Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

FILED

SIGNATURE: Kimberly Hall 1-28-08 863 262 471.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Cate Daylorio Photos #

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature snall 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.