


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 11, 2005 8:00 am
Secretary of State

02-02-2005 90066 007 ***150.00

DOCUMENT # P04000069960			
1. Entity Name INDEPENDENT CONTAINER MANUFACTURERS ALLIANCE, INC.			
Principal Place of Business 6054 CRICKET DRIVE LAKELAND FL 33813 US		Mailing Address 6054 CRICKET DRIVE LAKELAND FL 33813 US	
2. Principal Place of Business 600 N. Prairie Industrial Hwy. Suite, Apt. #, etc.		3. Mailing Address 600 N. Prairie Industrial Hwy. Suite, Apt. #, etc.	
City & State Mulberry FL		City & State Mulberry FL	
Zip 33860	Country USA	Zip 33860	Country USA
4. FEI Number 20-1350889		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 MARK E. CLEMENTS, P.A. 310 EAST MAIN STREET LAKELAND FL 33801		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____			
FILE NOW!!! FEE IS: \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		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 NAME STREET ADDRESS CITY-ST-ZIP	P MARTORANA, SUSAN 6054 CRICKET DRIVE LAKELAND FL 33813 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Susan L. Martorana</u>		Date: <u>1/27/05</u>	Daytime Phone #: <u>863-869-9339</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

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1st MOORE CR2E034 (10/04)