

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000047293

Entity Name: T CUP CONTAINERS, INC.

**FILED**  
**Mar 02, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

3200 GULF SHORE BLVD N COQUINA CLUB  
#305  
NAPLES, FL 34103

## **New Principal Place of Business:**

## **Current Mailing Address:**

3200 GULF SHORE BLVD N COQUINA CLUB  
#305  
NAPLES, FL 34103

## **New Mailing Address:**

EDWARD M. LIVINGSTON, ESQ.  
963 TRAIL TERRACE DRIVE  
NAPLES, FL 34103

FEI Number: 27-2817306

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

LIVINGSTON, EDWARD M  
963 TRAIL TERRACE DR  
NAPLES, FL 34103 US

## **Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## **OFFICERS AND DIRECTORS:**

Title: D  
Name: MACCARIO, SUSAN C  
Address: 3200 GULF SHORE BLVD N COQUINA CLUB #305  
City-St-Zip: NAPLES, FL 34103

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: /S/SUSAN C. MACCARIO

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03/02/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date