

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90008 049 ***150.00

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DOCUMENT # 508302 1. Entity Name CSI CONTAINER SYSTEMS, INC.					
Principal Place of Business 4700 SW AREHER DR #G52 GAINESVILLE, FL 32607 US			Mailing Address PO BOX 140278 GAINESVILLE, FL 32614		
2. Principal Place of Business Suite, Apt. #, etc. 2800 SW 34 STREET APT K91 City & State GAINESVILLE, FLORIDA			3. Mailing Address Suite, Apt. #, etc. City & State Zip 32608-1693		
Country 			4. FEI Number 59-1684777		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 BUTTS, RALPH JR 4700 SW AREHER DR #G52 GAINESVILLE, FL 32607			7. Name and Address of New Registered Agent Name RALPH BUTTS, JR Street Address (P.O. Box Number is Not Acceptable) 2800 SW 34 STREET APT K91 GAINESVILLE, FLORIDA 32608-1693 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		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 BUTTS, RALPH E. JR. 4700 SW AREHER DR #G52 GAINESVILLE, FL 32607	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	RALPH BUTTS, JR. 2800 SW 34 STREET APT K91 GAINESVILLE, FLORIDA 32608-1693	<input checked="" 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)(j), 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 507, 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><i>Ralph Butts</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>1-7-04</u> <small>Daytime Phone #</small>		