## **2007 FOR PROFIT CORPORATION**

## FILED **ANNUAL REPORT** Mar 09, 2007 08:00 AM **DOCUMENT # 594413** Secretary of State 1. Entity Name **B & C CONTAINERS, INC.** Principal Place of Business Mailing Address 4800 STETSON ROAD 4800 STETSON ROAD JACKSONVILLE, FL 32207 JACKSONVILLE, FL 32207 01292007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 59-1865835 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KEETER, CEBRON LEE DO NOT WRITE 8040 BRIDGES ROAD JACKSONVILLE FL, FL 32216 IN THIS SPACE 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. Signature, typed or printed name of registered agent and life if applicable (NOTE: Registered Agent signature required when reinstating) DATE U00000661520 03/20/07-80044-014 150.00 9. Election Campaign Financing FILE NOW!!! FEE 18 \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TTLE KEETER, CEBRON LEE NAME STREET ADDRESS 8040 BRIDGES ROAD CITY-ST-ZIP JACKSONVILLE, FL TITLE KEETER, BECKY E. NAME STREET ADDRESS 8040 BRIDGES ROAD CITY - ST - ZIP JACKSONVILLE, FL TITLE NAME STREET ADDRESS

## DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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:

CITY-ST-ZIP TITLE

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

ICER OR DIRECTOR

3-7-2007

Applied For

Not Applicable