2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State
04-04-2005 90101 042 ***150.00

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1. Entity Name
CONTAINERS, INC OF N.W. FLORIDA

Principal Place of Business	Mailing Address
250 TERRY DRIVE PENSACOLA, FL	P.O.BOX 6115 PENSACOLA, FL 32503

02052005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
372 Milstead Street	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pensacola, Florida	City & State
Zip: 32503 Country: U.S.	Zip Country

4. FEI Number: 48-1277456 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PARKER, CINDY
3281 COPPERRIDGE CIR.
CANTONMENT, FL 32533

7. Name and Address of New Registered Agent

Name: Bonnie Vinton
Street Address (P.O. Box Number is Not Acceptable): 7987 Amethyst Drive
City: Pensacola FL Zip Code: 32506

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: Bonnie Vinton DATE: 3-24-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CDPS	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	STURDIVANT, CANDICE		NAME		
STREET ADDRESS	607 OAKRIDGE CT. W.		STREET ADDRESS		
CITY-ST-ZIP	DAPHNE, AL 36526		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Candice Sturdivant
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #