

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2007 8:00 am
Secretary of State

02-19-2007 90045 025 ***150.00

DOCUMENT # F03000003149			
1. Entity Name CONTAINERS, INC OF N.W. FLORIDA			
Principal Place of Business 372 MILSTEAD STREET PENSACOLA, FL 32503		Mailing Address P.O. BOX 6115 PENSACOLA, FL 32503	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 48-1277458		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VINTON, BONNIE 7987 AMETHYST DRIVE PENSACOLA, FL 32508		7. Name and Address of New Registered Agent Name Timothy H. Parker Street Address (P.O. Box Number is Not Acceptable) 3281 Copper Ridge Circle City Cantonment FL Zip Code 32533	
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 <i>Candice Sturdivant</i> Timothy H. Parker 1/23/07 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing.) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00		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 NAME STREET ADDRESS CITY - ST - ZIP	CDPS STURDIVANT, CANDICE 607 OAKRIDGE CT. W. DAPHNE, AL 36526 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Sec. Treas / Director Candice Sturdivant 607 Oakridge Ct., W. Daphne, AL 36526 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	President / Director Parker, Timothy 3281 Copper Ridge Circle Cantonment, FL 32533 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing 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: <i>Candice Sturdivant</i> SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR		1/23/07 251-379-9386 Date Daytime Phone #	