

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000001404

Entity Name: CWI CONTAINER LINE, INC.

FILED
Mar 28, 2005
Secretary of State

Current Principal Place of Business:

14801 ABLE LANE
STE 102
HUNTINGTON BEACH, CA 92647

New Principal Place of Business:

Current Mailing Address:

815 S MAIN ST
6TH FLOOR
JACKSONVILLE, FL 32207

New Mailing Address:

815 S MAIN ST, 6TH FLOOR
ATTN: LORI EISCHEN
JACKSONVILLE, FL 32207

FEI Number: 33-0604027

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARNETT, JAMES G
815 S. MAIN STREET
6TH FLOOR
JACKSONVILLE, FL 32207 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: SUDDATH, STEPHEN M
Address: 815S MAIN STREET
City-St-Zip: JACKSONVILLE, FL 32207

Title: CEOD () Delete
Name: VAUGHN, BARRY S
Address: 815 MAIN STREET
City-St-Zip: JACKSONVILLE, FL 32207

Title: P () Delete
Name: MACKER, BRETT
Address: 14801 ABLE LANE, SUITE 102
City-St-Zip: HUNTINGTON BEACH, CA 92647

Title: CFOD () Delete
Name: BARNETT, JAMES G
Address: 815 MAIN STREET
City-St-Zip: JACKSONVILLE, FL 32207

Title: SD () Delete
Name: STRICKLAND, BARBARA S
Address: 815 S MAIN STREET
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: JAMES G BARNETT

CFOD

03/28/2005

Electronic Signature of Signing Officer or Director

Date