

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000001404

FILED  
Mar 15, 2010  
Secretary of State

Entity Name: CWI CONTAINER LINE, INC.

## Current Principal Place of Business:

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

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 48088  
ATTN: LORI EISCHEN  
JACKSONVILLE, FL 32247

## New Mailing Address:

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 ST  
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: D  
Name: SUDDATH, STEPHEN M  
Address: 815 S MAIN ST  
City-St-Zip: JACKSONVILLE, FL 32207

Title: CEO  
Name: VAUGHN, BARRY S  
Address: 815 S MAIN ST  
City-St-Zip: JACKSONVILLE, FL 32207

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

Title: VD  
Name: BARNETT, JAMES G  
Address: 815 S MAIN ST  
City-St-Zip: JACKSONVILLE, FL 32207

Title: SD  
Name: STRICKLAND, BARBARA S  
Address: 815 S MAIN ST  
City-St-Zip: JACKSONVILLE, FL 32207

I hereby 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 all other like empowered.

SIGNATURE: JAMES G. BARNETT

VD

03/15/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date