

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2005 8:00 am
Secretary of State

04-05-2005 90049 003 ***150.00

DOCUMENT # F99000006508

1. Entity Name

**CARAUSTAR INDUSTRIAL AND CONSUMER PRODUCTS
GROUP, INC.**



Principal Place of Business

**2031 CAROLINA PLACE
FORT MILL SC 29708**

Mailing Address

**2031 CAROLINA PLACE
FORT MILL SC 29708**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number

34-1662420

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	RUSSELL, JIMMY A	
STREET ADDRESS	2031 CAROLINA PLACE	
CITY-ST-ZIP	FORT MILL SC 29715	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	GARRISON, FRED E	
STREET ADDRESS	1520 GRANVILLE RD	
CITY-ST-ZIP	ROCK HILL SC 29732	
TITLE	V	<input type="checkbox"/> Delete
NAME	SNYDER, JOHN D II	
STREET ADDRESS	2031 CAROLINA PLACE	
CITY-ST-ZIP	FORT MILL SC 29715	
TITLE	V	<input type="checkbox"/> Delete
NAME	PFEIFER, NORMAN F	
STREET ADDRESS	2031 CAROLINA PLACE	
CITY-ST-ZIP	FORT MILL SC 29715	
TITLE	V	<input type="checkbox"/> Delete
NAME	PENDER, ROBERT G	
STREET ADDRESS	2031 CAROLINA PLACE	
CITY-ST-ZIP	FORT MILL SC 29715	
TITLE	V	<input type="checkbox"/> Delete
NAME	SNYDER, FRANK S	
STREET ADDRESS	2866 SUMMER CREEK COURT	
CITY-ST-ZIP	ROCK HILL SC 29732	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ST V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RON DOMANIKO	
STREET ADDRESS	3100 JOE JENKINS BLVD	
CITY-ST-ZIP	ANSTELL, GA 30106	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #