

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 03, 2007 8:00 am
Secretary of State

04-03-2007 90017 014 ***150.00

DOCUMENT # H12838

1. Entity Name

COMPLETE CONTAINER CORPORATION



Principal Place of Business
C/O RUTH L. LAGROW
744 STATE ROAD 621 EAST
LAKE PLACID FL 33852

Mailing Address
PO BOX 1679
C/O RUTH LAGROW
LAKE PLACID FL 33862



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

1st MOORE

CR2E034 (10/06)

4. FEI Number 59-2426554

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

LAGROW, RUTH L
744 STATE ROAD 621 EAST
LAKE PLACID FL 33852

Name Kimberly D. Hall

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

10962 Payne Rd

Sebring

City

FL

33875
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

Kimberly D Hall Ruth L Lagrow

3/31/07

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, 2007 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME LAGROW, RUTH L.
STREET ADDRESS 744 STATE ROAD 621 E.
CITY- ST- ZIP LAKE PLACID FL 33852 ☒ Delete

TITLE S.T.
NAME LAGROW, RUTH L
STREET ADDRESS 200 WINDY POINT RD
CITY- ST- ZIP LAKE PLACID, FL 33852 ☒ Change ☐ Addition

TITLE V
NAME LAGROW, LIONEL E.
STREET ADDRESS 200 WINDY POINT ROAD
CITY- ST- ZIP LAKE PLACID FL 33852 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE ST
NAME HALL, KIMBERLY D
STREET ADDRESS 10962 PAYNE ROAD
CITY- ST- ZIP SEBRING FL 33875 ☒ Delete

TITLE P.V.
NAME HALL, KIMBERLY D.
STREET ADDRESS 10962 PAYNE RD
CITY- ST- ZIP SEBRING, FL 33875 ☒ 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

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 Section 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: Kimberly D Hall

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/31/07 863-202-4710