2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2008 8:00 am
Secretary of State
02-08-2008 90042 006 ***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

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
10962 Payne Rd	Same as above
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sebring Florida	City & State
Zip: 33875 Country: Highlands	Zip Country

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

HALL, KIMBERLY D
10962 PAYNE RD.
SEBRING FL 33875

7. Name and Address of New Registered Agent

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 Kimberly Hall 1-28-08
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, 2008 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	ST	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	LAGROW, RUTH L.		NAME		
STREET ADDRESS	200 WINDY POINT RD		STREET ADDRESS		
CITY-ST-ZIP	LAKE PLACID FL 33852		CITY-ST-ZIP		
TITLE	PV	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HALL, KIMBERLY D		NAME		
STREET ADDRESS	10962 PAYNE ROAD		STREET ADDRESS		
CITY-ST-ZIP	SEBRING FL 33875		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 Hall Kimberly Hall 1-28-08 8632024710
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #