2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Aug 09, 2005
Secretary of State

DOCUMENT# J68639

Entity Name: BERRY PACKAGING, INC.

Current Principal Place of Business:

1450 MASSARO BLVD
TAMPA, FL 33619

New Principal Place of Business:

Current Mailing Address:

PO BOX 725
ATTN.: KATHY MCDANIEL
WINDERMERE, FL 347860725 US

New Mailing Address:

FEI Number: 59-2794707 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FLOYD, THOMAS C
2520 SAND MINE RD
DAVENPORT, FL 33897 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

OFFICERS AND DIRECTORS:

Title: PD (X) Delete
Name: KEMPER, W.E.
Address: HWY 80, WEST
City-St-Zip: LABELLE, FL

Title: CVD ( ) Delete
Name: BERRY, JACK M JR,
Address: PO BOX 725
City-St-Zip: WINDERMERE, FL 347860725

Title: V ( ) Delete
Name: JOHNSON, RANDOLPH A
Address: 1450 MASSARO BLVD
City-St-Zip: TAMPA, FL 33619

Title: S ( ) Delete
Name: MCDANIEL, KATHY,
Address: PO BOX 725
City-St-Zip: WINDERMERE, FL 347860725

Title: DP ( ) Delete
Name: DEVERS, DANIEL J
Address: 2520 SAND MINE RD.
City-St-Zip: DAVENPORT, FL 33897

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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:

Title: T ( ) Change (X) Addition
Name: COLEMAN, HAROLD R
Address: 3655 SR 80 WEST
City-St-Zip: ALVA, FL 33920

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: THOMAS C FLOYD RA 08/09/2005

Electronic Signature of Signing Officer or Director — Date