

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000004769		
1. Entity Name FLORIDA CONTAINER SERVICES, INC.		
Principal Place of Business 704 GLADWIN AVE CASSELBERRY, FL 32701	Mailing Address 2401 S LAFLIN ST CHICAGO, IL 60608	
DO NOT WRITE IN THIS SPACE		
		02202006 No Chg-P CR2E034 (11/05)
4. FEI Number 74-3092776		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent VIHLEN & SILLS, P.A. 1173 SPRING CENTRE S BLVD, STE C ALTAMONTE SPRINGS, FL 32714		DO NOT WRITE IN THIS SPACE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARD, FRANK SR 704 GLADWIN AVE CASSELBERRY, FL 32701	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARD, GEORGE 704 GLADWIN AVE CASSELBERRY, FL 32701	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARD, FRANK JR 704 GLADWIN AVE CASSELBERRY, FL 32701	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 an other like empowered.		
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		