

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2005 8:00 am
Secretary of State

01-31-2005 90060 039 ***150.00

DOCUMENT # P04000093409 1. Entity Name EGG CARTONS, INC.																																	
Principal Place of Business 301 TRIUMPH DRIVE SEBRING, FL 33872-3164			Mailing Address 301 TRIUMPH DRIVE SEBRING, FL 33872-3164																														
2. Principal Place of Business		3. Mailing Address																															
Suite, Apt. #, etc.		Suite, Apt. #, etc.																															
City & State		City & State																															
Zip		Country		Zip																													
<div style="display: flex; justify-content: space-between;"> 01102005 Chg-P CR2E034 (10/03) </div>																																	
4. FEI Number 55-0873230				Applied For <input type="checkbox"/> Not Applicable																													
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required																													
6. Name and Address of Current Registered Agent LOWER, ROBERT C 301 TRIUMPH DRIVE SEBRING, FL 33872-3164			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																													
<div style="display: flex;"> <div style="flex: 1;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 85%;">NAME</td> <td style="width: 10%; text-align: right;">Delete</td> </tr> <tr> <td>NAME</td> <td>LOWER, ROBERT C</td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>301 TRIUMPH DRIVE</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>SEBRING, FL 338723164</td> <td></td> </tr> </table> </div> <div style="flex: 1;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 85%;">NAME</td> <td style="width: 10%; text-align: right;">Change</td> <td style="width: 10%; text-align: right;">Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	NAME	Delete	NAME	LOWER, ROBERT C	<input type="checkbox"/>	STREET ADDRESS	301 TRIUMPH DRIVE		CITY - ST - ZIP	SEBRING, FL 338723164		TITLE	NAME	Change	Addition	NAME		<input type="checkbox"/>	<input type="checkbox"/>	STREET ADDRESS				CITY - ST - ZIP			
TITLE	NAME	Delete																															
NAME	LOWER, ROBERT C	<input type="checkbox"/>																															
STREET ADDRESS	301 TRIUMPH DRIVE																																
CITY - ST - ZIP	SEBRING, FL 338723164																																
TITLE	NAME	Change	Addition																														
NAME		<input type="checkbox"/>	<input type="checkbox"/>																														
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: <u>Robert C. Lower</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <div style="display: flex; justify-content: space-between;"> 1/10/05 863-385-3912 </div> <div style="display: flex; justify-content: space-between;"> Daytime Phone # </div>																																	