

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90057 049 ***150.00

DOCUMENT # P05000116691					
1. Entity Name RNC PACKAGING SOLUTIONS, INC.					
Principal Place of Business 147 S. END STREET ST. AUGUSTINE, FL 32095-6821			Mailing Address 147 S. END STREET ST. AUGUSTINE, FL 32095-6821		
2. Principal Place of Business 412 Sebastian Square		3. Mailing Address 412 Sebastian Square			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02222006 Chg-P CR2E034 (11/05)	
City & State ST. AUGUSTINE, FL		City & State ST. AUGUSTINE, FL		4. FEI Number 20-1022803	
Zip 32095		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BLACK, CLAUDIA A. 147 S. END STREET ST. AUGUSTINE, FL 32095-6821			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ 412 SEBASTIAN SQUARE City ST. AUGUSTINE FL Zip Code 32095		
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) DATE</small>					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT BLACK, CLAUDIA A. 147 S. END STREET ST. AUGUSTINE, FL 320956821		TITLE NAME STREET ADDRESS CITY-ST-ZIP	412 SEBASTIAN SQUARE ST. AUGUSTINE, FL 32095	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS BLACK, RICHARD A. JR. 147 S. END STREET ST. AUGUSTINE, FL 320956821		TITLE NAME STREET ADDRESS CITY-ST-ZIP	412 SEBASTIAN SQUARE ST. AUGUSTINE, FL 32095	
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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 all other like empowered.					
SIGNATURE: <i>Claudia A. Black</i>			2/23/06 (904) 824-3797		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		
<i>President</i>					