# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 08, 2007**
**Secretary of State**

DOCUMENT# P05000116691

**Entity Name:** RNC PACKAGING SOLUTIONS, INC.

**Current Principal Place of Business:**

412 SEBASTIAN SQUARE
SAINT AUGUSTINE, FL 32095

**New Principal Place of Business:**

**Current Mailing Address:**

412 SEBASTIAN SQUARE
SAINT AUGUSTINE, FL 32095

**New Mailing Address:**

**FEI Number: 20-1022803** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BLACK, CLAUDIA A.
412 SEBASTIAN SQUARE
SAINT AUGUSTINE, FL 32095 US

**Name and Address of New Registered Agent:**

BLACK, CLAUDIA A
412 SEBASTIAN SQUARE
SAINT AUGUSTINE, FL 32095 US

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: CLAUDIA A. BLACK 01/08/2007
Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DPT ( ) Delete
Name: BLACK, CLAUDIA A.
Address: 412SEBASTIAN SQ
City-St-Zip: SAINT AUGUSTINE, FL 32095

Title: DVS ( ) Delete
Name: BLACK, RICHARD A. JR.
Address: 412 SEBASTIAN SQ
City-St-Zip: SAINT AUGUSTINE, FL 32095

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DPT (X) Change ( ) Addition
Name: BLACK, CLAUDIA A
Address: 412 SEBASTIAN SQ
City-St-Zip: SAINT AUGUSTINE, FL 32095

Title: DVS (X) Change ( ) Addition
Name: BLACK, RICHARD A JR.
Address: 412 SEBASTIAN SQ
City-St-Zip: SAINT AUGUSTINE, FL 32095

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: CLAUDIA A. BLACK DPT 01/08/2007
Electronic Signature of Signing Officer or Director Date