


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90172 022 ***150.00

DOCUMENT # P05000155821	
1. Entity Name DANNA & RICHARD CONTAINERS CORP.	

Principal Place of Business 2829 FORD ST 7 & 8 FORT MYERS, FL 33916	Mailing Address 2718 4TH ST SW HOUSE LEHIGH ACRES, FL 33971
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2. Principal Place of Business - No P.O. Box # 2829 FORD ST	3. Mailing Address 2718 4TH ST SW
Suite, Apt. #, etc. UNIT 7 & 8	Suite, Apt. #, etc.

City & State FORT MYERS FL	City & State LEHIGH ACRES FL
Zip 33916	Zip 33971
Country lee	Country lee

6. Name and Address of Current Registered Agent SUAREZ, DANNA 2718-4TH STREET SW LEHIGH ACRES, FL 33971	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

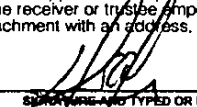
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES SUAREZ, DANNA 2718-4TH STREET SW LEHIGH ACRES, FL 33971 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ALE, ACELA 2718-4TH STREET SW LEHIGH ACRES, FL 33971 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **4-28-2008**

Date Daytime Phone #