2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 07, 2008 8:00 am Secretary of State

DOCUMENT # P07000018182 1. Entity Name CUSTOM CONTAINERS OF CENTRAL FLORIDA, INC.							05-07-2008	90110 02	22 ***15	0.00
Principal Place of Business 7601 CR 736 CENTER HILL, FL 33514			Mailing Address P.O. BOX 654 CENTER HILL, FL 33514							
2. Principal Place of Business - No P.O. Box #			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02202008	Chg-P	CR2E03	34 (12/06)	
City & State		City & State			4. FEI Number 2の一名ペフ	3520			plied For t Applicable	
Zip	Zip Country		Zip Country		ntry	5. Certificate o	Status Desired		8.75 Add ee Required	
	_6. Name	e and Address of Currer	nt Registered Agent		N.	7. Name and A	ddress of New F	Registered A	gent	
ADAME P	ים עדפום א				Name					l
ADAMS, KRISTY P. 7601 CR 736 CENTER HILL, FL 33514					Street Address	(P.O. Box Number is Not Acceptable)				
				1	City		T	FL	Zip Code	₽
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	tions of regis		to the purpose of changing	ita regiatei	ed chice of ragis	stored agorit, or both	, ar tho oldte or r	onda. Tami	arringi veror,	and accept
SIGNATURE.	Signature, typeo	d or printed name of registered age	int and title if spolicable. (N	OTF: Recuster	ed Agent signature requi	ared when reinstations)		DATE		
				O I C. Flogistics		prior when her islating/				
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FIL After Ma	E NOW!!! ay 1; 200	8 Fee will be \$550	9. Election Camp	paign Fina	ncing \$	\$5.00 May Be Added to Fees	HANGES TO OFF		DIRECTORS	S IN 11
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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:

Hus & Odand KRISTY P. ADAMS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14-2008 Date

352-548-0118 Davime Phone #