2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 17, 2006 8:00 am Secretary of State 04-17-2006 90417 022 ***150.00

DOCUMENT # P99000104639 1. Entity Name RUSSELL CONTAINER CORPORATION							04-17-2006	5 90417 02	2 ***15	0.00
Principal Place of Business			Mailing Address							
525 NORTHCREEK DRIVE PENSACOLA, FL 32514		525 NORTHCREEK DRIVE PENSACOLA, FL 32514						5001		
			2 Mailing Address							
2. Principal Pla	ace of Business	3. Maiii	3. Mailing Address				!!B {B B B B	13 14 15 16 	LIIII HIII HIII	L D 10 Q
Suite, Apt. #, etc.		Suite, Apt. #, etc.				04052006	Chg-P	CR2E034	(11/05)	
City & State		City	City & State			4. FEI Number 59-3614	372		→	Applicable
Zip	Country	Country Zip		Coun	try	5. Certificate of	Status Desired		3.75 Addi e Required	
6. Name and Address of Current Registered Agent						7. Name and A	ddress of New R	egistered Age	ent	
55001100	N. MICHAEL I				Name					
FERGUSON, MICHAEL L 4300 BAYOU BLVD STE 13 PENSACOLA, FL 32503					Street Address (P.O. Box Number is Not Acceptable)					
!							_		7 0 1	
					City	FL Zip Code				
the obligati	named entity submits this statement ons of registered agent.	for the purp	ose of changing its	register	ed office or regist	tered agent, or both	, in the State of Flo	orida. I am fan	niliar with, a	and accept
SIGNATURE_	Signature, typed or printed name of registered ager	nt and title if app	licable. (NOTI	E: Registere	ed Agent signature requir	red when reinstating)		DATE.		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.						5.00 May Be dded to Fees				
10. OFFICERS AND DIRECTORS				11.		ADDITIONS/C	HANGES TO OFF			
TITLE	D				.E AE			L	Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	525 NORTHCREEK DRIVE PENSACOLA, FL 32514			STR	EET ADDRESS Y-ST-ZIP					
TITLE	D Delete III							(_ Change	☐ Addition
NAME NAME	RUSSELL, ANITA F 525 NORTHCREEK DRIVE			NAM STR	ME LEET ADDRESS					
STREET ADDRESS CITY-ST-ZIP	PENSACOLA, FL 32514				Y-ST-ZIP					
TITLE			☐ Delete	TITL	LE				Change	☐ Addition
NAME				NAM						
STREET ADDRESS CITY-ST-ZIP					Y-ST-ZIP					
TITLE			☐ Delete	TITI				[Change	Addition
NAME				NAJ						
STREET ADDRESS					REET ADDRESS Y-ST-ZIP					
CITY-ST-ZIP			☐ Delete	וזוז				(Change	Addition
NAME			ELI Bolete	NAI						
STREET ADDRESS					REET ADDRESS					
CITY-ST-ZIP			F7 .	_	Y-ST-ZIP				Change	Addition
TITLE			☐ Delete	TIT				+	crange	L Addition
NAME STREET ADDRESS					REET ADDRESS					
CITY-ST-ZIP CITY-ST-ZIP CTTY Later the information supplied with this filing does not qualify for the					TY-ST-ZIP					
42 Ibereby	cortifu that the information supplied w	ith this filing	n does not qualify f	or the e	xemptions contain	ned in Chapter 119.	Florida Statutes.	i turther certif	y that the i	niormation

I hereby certify that the information supplied with this filling does not quality 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 algorithm of the corporation or the corporation of the receiver of the receiver of the corporation o

SIGNATURE:

12/06

850-477-9789