2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005
Secretary of State

DOCUMENT# V41257

Entity Name: DART CONTAINER CORPORATION OF FLORIDA

Current Principal Place of Business:

1952 FIELD ROAD
SUITE B
SARASOTA, FL 34231

New Principal Place of Business:

Current Mailing Address:

1244 CLYDE JONES ROAD
SARASOTA, FL 34243

New Mailing Address:

FEI Number: 65-0336591 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DART, WILLIAM A.
1952 FIELD ROAD
SARASOTA, FL 34231 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: DART, CLAIRE T.
Address: 1952 FIELD RD
City-St-Zip: SARASOTA, FL 34231

Title: CPSD ( ) Delete
Name: DART, WILLIAM A.
Address: 1952 FIELD RD
City-St-Zip: SARASOTA, FL 34231

Title: AS ( ) Delete
Name: WILLIAMS, JOANNE E,
Address: 500 HOGSBACK RD
City-St-Zip: MASON, MI 48854

Title: T ( ) Delete
Name: MYERS, WILLIAM L.
Address: 500 HOGSBACK RD
City-St-Zip: MASON, MI 48854

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JOANNE E. WILLIAMS AS 04/27/2005

Electronic Signature of Signing Officer or Director — Date