


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2007 08:00 AM
Secretary of State

DOCUMENT # 351188 1. Entity Name WALLING CRATE COMPANY	
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Principal Place of Business 507 N 14TH ST. P O BOX 490329 LEESBURG, FL 34749-7329	Mailing Address 507 N 14TH ST. P O BOX 490329 LEESBURG, FL 34749-7329
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01122007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1269200	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WALLING, ROBERT
5327 RIVERSIDE DR
HOMOSASSA, FL 34448**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARK, SYLVIA 1411 MOSSWOOD DRIVE LEESBURG, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDWARDS, MARY W 112 GOLF CLUB DR. NEW SMYRNA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALLING, ROBERT 5327 RIVERSIDE DR HOMOSASSA, FL 34448
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WALLING, STUART 5229 VIEW POINT HOMASASSA, FL 34448
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/05/07-80005-007 150.00

**DO NOT WRITE
IN THIS SPACE**

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: ✓ *R. Walling*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/07
Date

352-787-5211
Daytime Phone #