

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90331 040 ***150.00

DOCUMENT # 351188 1. Entity Name WALLING CRATE COMPANY					
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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03152008 Chg-P CR2E034 (12/06)	
Zip		Country		4. FEI Number 59-1269200 Applied For Not Applicable	
Zip		Country		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				7. Name and Address of New Registered Agent Name Robert R. Walling Street Address (P.O. Box Number is Not Acceptable) 4575 S. Atlantic Ave. #6509 City Ponce Inlet FL Zip Code 32127	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARK, SYLVIA XXXXXXXXXXXX XXXXXXXXXXXX	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 828 Palm Harbor Drive Leesberg, FL 34748-6771	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDWARDS, MARY W XXXXXXXXXX XXXXXXXXXX	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1906 S.E. 14th. Ave Ocala, FL 34471-5464	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALLING, ROBERT 5327 RIVERSIDE DR HOMOSASSA, FL 34448	<input checked="" 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	SD WALLING, STUART 5229 VIEW POINT HOMASASSA, FL 34448	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Robert R. Walling 4575 S. Atlantic Ave. #6509 Ponce Inlet, FL 32127 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WALLING, H. BENNETT	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALLING, H. BENNETT 1950 LAUREL MANOR DR, SUITE 120 THE VILLAGES, FL 32162 <input type="checkbox"/> Change <input checked="" 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Robert R. Walling 4/24/08 352-787-5211 <small>Date Daytime Phone #</small>		