2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2009
Secretary of State

DOCUMENT# 351188

Entity Name: WALLING CRATE COMPANY

Current Principal Place of Business:

507 N 14TH ST.
P O BOX 490329
LEESBURG, FL 347497329

New Principal Place of Business:

507 N 14TH ST.
LEESBURG, FL 34749 US

Current Mailing Address:

507 N 14TH ST.
P O BOX 490329
LEESBURG, FL 347497329

New Mailing Address:

PO BOX 490329
LEESBURG, FL 34749 US

FEI Number: 59-1269200 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WALLING, ROBERT R
4575 S. ATLANTIC AVE # 6509
PONCE INLET, FL 32127 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:	CLARK, SYLVIA	
Address:	828 PALM HARBOR DR	
City-St-Zip:	LEESBURG, FL 347486771	
Title:	D	( ) Delete
Name:	EDWARDS, MARY W	
Address:	1906 S.E. 14TH AVE	
City-St-Zip:	OCALA, FL 344715464	
Title:	PD	(X) Delete
Name:	WALLING, ROBERT	
Address:	5327 RIVERSIDE DR	
City-St-Zip:	HOMOSASSA, FL 34448	
Title:	SD	( ) Delete
Name:	WALLING, STUART	
Address:	5229 VIEW POINT	
City-St-Zip:	HOMASASSA, FL 34448	
Title:	PD	( ) Delete
Name:	WALLING, ROBERT R	
Address:	4575 S ATLANTIC AVE # 6509	
City-St-Zip:	PONCE INLET, FL 32127	
Title:	D	( ) Delete
Name:	WALLING, BENNETT H	
Address:	1950 LAUREL MANOR DR STE 120	
City-St-Zip:	THE VILLAGES, FL 32162	

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:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	WALLING, BENNETT H	
Address:	5135 BANANA POINT DR	
City-St-Zip:	OKAHUMPKA, FL 34762	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ROBERT R. WALLING P 03/10/2009

Electronic Signature of Signing Officer or Director — Date