

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 351188

**FILED**  
**Jan 17, 2012**  
**Secretary of State**

**Entity Name:** WALLING CRATE COMPANY

**Current Principal Place of Business:**

507 N 14TH ST.  
LEESBURG, FL 34749 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 490329  
LEESBURG, FL 34749 US

**New Mailing Address:**

**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:**

WALLING, STUART L  
5229 S. VIEW PT  
HOMOSASSA, FL 34448 US

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: STUART WALLING

01/17/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DVST  
Name: WALLING, STUART  
Address: 5229 VIEW POINT  
City-St-Zip: HOMASASSA, FL 34448

Title: PD  
Name: WALLING, BENNETT H  
Address: 7061 SUNNYSIDE DRIVE  
City-St-Zip: LEESBURG, FL 34748

I hereby 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 all other like empowered.

SIGNATURE: STUART WALLING

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01/17/2012

Electronic Signature of Signing Officer or Director

Date