

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 804541

FILED
Feb 17, 2011
Secretary of State

Entity Name: ELBERTA CRATE & BOX CO.

Current Principal Place of Business:

606 DOTHAN HWY
BAINBRIDGE, GA 39817

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 760
BAINBRIDGE, GA 39818

New Mailing Address:

FEI Number: 58-0232440 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

WILLIAMS, STEPHEN R
2991 GOLDEN EAGLE DR. E.
TALLAHASSEE, FL 32312 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

OFFICERS AND DIRECTORS:

Title: D
Name: SIMMONS, D.R.JR.
Address: 606 DOTHAN HWY.
City-St-Zip: BAINBRIDGE, GA 39817

Title: D
Name: MILLS, MICHAEL T.
Address: 606 DOTHAN HWY.
City-St-Zip: BAINBRIDGE, GA 39817

Title: D
Name: SIMMONS, JOHN M.
Address: 606 DOTHAN HWY.
City-St-Zip: BAINBRIDGE, GA 39817

Title: SD
Name: SIMMONS, D.R.,III
Address: 606 DOTHAN HWY
City-St-Zip: BAINBRIDGE, GA 39817

Title: CFO
Name: WILLIAMS, STEPHEN R.
Address: 606 DOTHAN HWY
City-St-Zip: BAINBRIDGE, GA 39817

Title: PD
Name: SIMMONS, THOMAS S PRES
Address: 606 DOTHAN HWY
City-St-Zip: BAINBRIDGE, GA 39817

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: STEPHEN R. WILLIAMS

CFO

02/17/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date