

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000001159

FILED
Apr 23, 2009
Secretary of State

Entity Name: FIBREBOND CORPORATION

Current Principal Place of Business:

1300 DAVENPORT DRIVE
MINDEN, LA 71055

New Principal Place of Business:

Current Mailing Address:

1300 DAVENPORT DRIVE
MINDEN, LA 71055

New Mailing Address:

FEI Number: 72-0951873

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, DEAN R
1748 33RD STREET
ORLANDO, FL 32839 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: V () Delete
Name: KOCHENDERFER, DOUGLAS
Address: 219 RIDGEFIELD DRIVE
City-St-Zip: BOSSIER CITY, LA 71111

Title: V/D () Delete
Name: WALKER, GRAHAM A
Address: 3844 CRESWELL AVENUE
City-St-Zip: SHREVEPORT, LA 71106

Title: S/D () Delete
Name: WALKER, ANDREA S
Address: 1440 HWY 80
City-St-Zip: TAYLOR, LA 71080

Title: T () Delete
Name: HOOD, JOE N
Address: 706 LOUISIANA AVENUE
City-St-Zip: MINDEN, LA 71055

Title: C/D () Delete
Name: WALKER, CLAUD B
Address: 1440 HWY 80
City-St-Zip: TAYLOR, LA 71080

Title: P/D () Delete
Name: WALKER, WILLIAM T
Address: 516 ELMWOOD
City-St-Zip: SHREVEPORT, LA 71104

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V/D (X) Change () Addition
Name: KOCHENDERFER, DOUGLAS
Address: 219 RIDGEFIELD DRIVE
City-St-Zip: BOSSIER CITY, LA 71111

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:

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: JOE N. HOOD

T

04/23/2009

Electronic Signature of Signing Officer or Director

Date