

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000001159

FILED  
Apr 29, 2011  
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

**OFFICERS AND DIRECTORS:**

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

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

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

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

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

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

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: JOE N HOOD

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04/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date