


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2005 8:00 am
Secretary of State

01-20-2005 90019 020 ***150.00

DOCUMENT # 804541 1. Entity Name ELBERTA CRATE & BOX CO.	
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Principal Place of Business P.O. BOX 760 606 DOTHAN HWY BAINBRIDGE, GA 39818	Mailing Address P.O. BOX 760 606 DOTHAN HWY BAINBRIDGE, GA 39818
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40003231



01122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-0232440	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SIMMONS, D.R.JR. 606 DOTHAN HWY. BAINBRIDGE, GA 39817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMMONS, W.P., JR. 606 DOTHAN HWY. BAINBRIDGE, GA 39817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMMONS, JOHN M. 606 DOTHAN HWY. BAINBRIDGE, GA 39817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SIMMONS, D.R., III 606 DOTHAN HWY BAINBRIDGE, GA 39817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMMONS, CHARLES S. 606 DOTHAN HWY BAINBRIDGE, GA 39817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMMONS, TOM 606 DOTHAN HWY BAINBRIDGE, GA 39817

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Stephen R. Williams/CFO  1/12/05 229-246-2266
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #