

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 804541

FILED
Apr 29, 2009
Secretary of State

Entity Name: ELBERTA CRATE & BOX CO.

Current Principal Place of Business:

606 DOTHAN HWY
BAINBRIDGE, GA 39818

New Principal Place of Business:

606 DOTHAN HWY
BAINBRIDGE, GA 39817

Current Mailing Address:

P.O. BOX 760
606 DOTHAN HWY
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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: PD () Delete
Name: SIMMONS, TOM
Address: 606 DOTHAN HWY
City-St-Zip: BAINBRIDGE, GA 39817

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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

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: THOMAS S. SIMMONS

PRES

04/29/2009

Electronic Signature of Signing Officer or Director

_____ Date