


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90222 003 ***150.00

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| DOCUMENT # 294801 |  |
| 1. Entity Name EAST COAST PACKERS, INC. | |

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| Principal Place of Business 2130 N. OLD DIXIE HIGHWAY P. O. BOX 1059 FT. PIERCE, FL 34946-1407 | Mailing Address 2130 N. OLD DIXIE HIGHWAY P. O. BOX 1059 FT. PIERCE, FL 34946-1407 |
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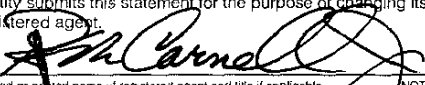
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| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
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|--------------|--------------|
| City & State | City & State |
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|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

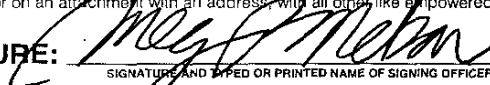
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| 6. Name and Address of Current Registered Agent NELSON, GREGORY P. 1900 DIXIE HWY. FORT PIERCE, FL 34946 | |
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| 7. Name and Address of New Registered Agent Name RICHARD M. CARNELL JR. Street Address (P.O. Box Number is Not Acceptable) 1900 OLD DIXIE HIGHWAY City FORT PIERCE FL 34946 | |
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| 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 4/15/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | |
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD EGAN, BERNARD A 1900 OLD DIXIE HWY FORT PIERCE, FL 34946 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD VARN, MYRON M. JR. GORDY RD FT. PIERCE, FL <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP Varn, Donald M 2130 Old Dixie Highway Fort Pierce, FL 34946 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD NELSON, GREGORY P. 1900 OLD DIXIE HWY. FT. PIERCE, FL <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP Nelson, Gregory P. 1900 Old dixie Highway Fort Pierce, FL 34946 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD REED, GLEN W. 1900 OLD DIXIE HWY. FT. PIERCE, FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS Gilet, Jean Jacques 1900 Old Dixie Highway Fort Pierce, FL 34946 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT Assist.S Egan, Robert W. 1900 Old Dixie Highway Fort Pierce, FL 34946 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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| 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | Gregory P. Nelson 4/15/04 772-465-7555 President <small>Date Daytime Phone #</small> |