


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004 08:00 AM
Secretary of State

DOCUMENT # H46453 1. Entity Name EAST COAST BROKERS & PACKERS, INC.	
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Principal Place of Business STATE FARMERS MARKET UNIT 7 PLANT CITY, FL 33566	Mailing Address P.O. BOX 2636 PLANT CITY, FL 33564
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07072004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2456710	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MARTIN, E. SNOW JR. 400 LAKE MORTON DRIVE LAKELAND, FL 33802

**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 E. Snow Martin, Jr. Current Registered Agent 7/7/04
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MADONIA, BATISTA SR. 902 S. ALEXANDER STREET PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTSD MADONIA, EVELYN 902 S. ALEXANDER STREET PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MADONIA, ROSEMARY V 902 S. ALEXANDER STREET PLANT CITY, FL 33566
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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07/12/04-80010-004 558.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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 fee empowered

SIGNATURE: [Signature] 7/7/04 (800) 557-7751
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #