

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2007 08:00 AM
Secretary of State

DOCUMENT # H46453 1. Entity Name EAST COAST BROKERS & PACKERS, INC.	
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Principal Place of Business 200 LAKE MORTON DR. SUITE 300 LAKELAND, FL 33801	Mailing Address 200 LAKE MORTON DR. SUITE 300 LAKELAND, FL 33801
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DO NOT WRITE IN THIS SPACE



02072007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2456710	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MARTIN, E. SNOW JR. 400 LAKE MORTON DRIVE LAKELAND, FL 33802
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**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-stating) DATE

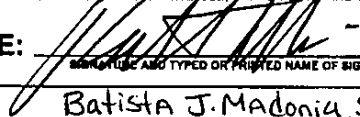
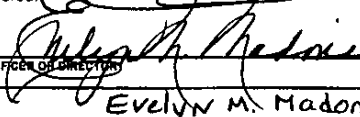
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MADONIA, BATISTA J SR. 5050 HIGHWAY 60, WEST MULBERRY, FL 33860
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD MADONIA, EVELYN M 5050 HIGHWAY 60, WEST MULBERRY, FL 33860
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MADONIA, ROSEMARY V 5050 HIGHWAY 60, WEST MULBERRY, FL 33860
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/08/07-80030-015 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 an officer like empowered.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Batista J. Madonia, Sr.	 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Evelyn M. Madonia	2/26/07 Date	863-688-7611 Daytime Phone #
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