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

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H46453

1. Entity Name
EAST COAST BROKERS & PACKERS, INC.

Principal Place of Business	Mailing Address
200 LAKE MORTON DR. SUITE 300 LAKELAND, FL 33801	200 LAKE MORTON DR. SUITE 300 LAKELAND, FL 33801

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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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 reinstating) 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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MADONIA, BATISTA J SR.
STREET ADDRESS	5050 HIGHWAY 60, WEST
CITY-ST-ZIP	MULBERRY, FL 33860
TITLE	VSTD
NAME	MADONIA, EVELYN M
STREET ADDRESS	5050 HIGHWAY 60, WEST
CITY-ST-ZIP	MULBERRY, FL 33860
TITLE	D
NAME	MADONIA, ROSEMARY V
STREET ADDRESS	5050 HIGHWAY 60, WEST
CITY-ST-ZIP	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

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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 all other like empowered.

SIGNATURE: _____ _____ 2/26/07 863-688-7611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Batista J. Madonia, Sr. Evelyn M. Madonia