## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# H46453

Address:

City-St-Zip:

5050 HIGHWAY 60, WEST

MULBERRY, FL 33860

EAST COAST BROKERS & PACKERS, INC.

FILED Jan 15, 2009 Secretary of State

Entity Name: EAST COAST BROKERS & PACKERS, INC.						
Current Principal Place of Business:				New Principal Place of Business:		
200 LAKE MORTON DR. SUITE 300 SUITE 200 LAKELAND, FL 33801				200 LAKE MORTON DRIVE SUITE 200 LAKELAND, FL 33801		
Current Mailing Address:				New Mailing Address:		
200 LAKE MORTON DR. SUITE 300 SUITE 200 LAKELAND, FL 33801				200 LAKE MORTON DRIVE SUITE 200 LAKELAND, FL 33801		
FEI Number:	59-2456710	FEI Number Applied For ( )	FEI Num	ber Not Applicable ( )	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
MARTIN, E. SNOW JR. 200 LAKE MORTON DRIVE SUITE 200 LAKELAND, FL 33802 US				MARTIN, E. SNOW JR. 200 LAKE MORTON DRIVE SUITE 200 LAKELAND, FL 33801 US		
The above in the State	named entity s of Florida.	submits this statement for the pu	urpose of	changing its registered	office or registered agent, or both,	
SIGNATURE:				01/15/2009		
Electronic Signature of Registered Agent				Date		
Election Can	npaign Financing	Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD () MADONIA, BATI 5050 HIGHWAY MULBERRY, FL	60, WEST		Title: ( Name: Address: City-St-Zip:	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VSTD () MADONIA, EVE 5050 HIGHWAY MULBERRY, FL	60, WEST		Title: ( Name: Address: City-St-Zip:	) Change ( ) Addition	
Title: Name:	D () MADONIA, ROS	Delete EMARY V		Title: ( Name:	) Change ( ) Addition	

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.

Address:

City-St-Zip:

SIGNATURE: EVELYN M. MADONIA VSTD 01/15/2009