


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State


02-07-2005 90098 025 ***150.00

DOCUMENT # P00000035887	
1. Entity Name EAST COAST CONTAINER SERVICE, INC.	

Principal Place of Business 2115 FLORIDA AVENUE FERNANDINA BEACH, FL 32034	Mailing Address 2618 MCGREGOR BLVD FERNANDINA BEACH, FL 32034
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50011526

2. Principal Place of Business		3. Mailing Address 2115 Florida Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Fernandina Beach, FL	
Zip	Country	Zip	Country
32034		32034	USA

	
02012005	Chg-P CR2E034 (10/03)
4. FEI Number 59-3639778	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
LEPIERRE, VANCE H 2618 MCGREGOR BLVD FERNANDINA BEACH, FL 32034	

7. Name and Address of New Registered Agent	
Name Gary D. LePierre	
Street Address (P.O. Box Number is Not Acceptable) 2115 Florida Avenue	
City Fernandina Beach	Zip Code FL 32034

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: <i>Gary LePierre</i>	DATE: 2-1-05

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEPIERRE, VANCE H 2618 MCGREGOR BOULEVARD FERNANDINA BEACH, FL 32034 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD LEPIERRE, GARY D 2115 FLORIDA AVENUE FERNANDINA BEACH, FL 32034 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/T LePierre, Gary D. 2115 Florida Avenue Fernandina Beach, FL 32034 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LePierre, Carla S. 2115 Florida Avenue Fernandina Beach, FL 32034 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>Gary LePierre</i>	DATE: 2-1-05 DAYTIME PHONE: 904-261-7667