

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**

50011526

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
2115 Florida Avenue
 Suite, Apt. #, etc.

City & State
Fernandina Beach, FL

City & State
Fernandina Beach, FL

Zip
32034

Country
USA



02012005 Chg-P CR2E034 (10/03)

4. FEI Number
59-3639778

Applied For
 Not Applicable

5. Certificate of Status Desired **\$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

FL Zip Code
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: *Gary LePierre* **2-1-05**

*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, 2005 Fee will be \$550.00

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 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: *Gary LePierre* **2-1-05** **904-261-7667**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #