



**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2008 08:00 AM
Secretary of State

DOCUMENT # L94737 1. Entity Name EMPIRE FINANCIAL GROUP, INC.	
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Principal Place of Business 2170 WEST STATE ROAD 434 SUITE 100 LONGWOOD, FL 32779	Mailing Address 2170 WEST STATE ROAD 434 SUITE 100 LONGWOOD, FL 32779
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DO NOT WRITE IN THIS SPACE



01032008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0211856	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

**WOJNOWSKI, DONALD
2170 WEST STATE ROAD 434
LONGWOOD, FL 32779**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	D GORDON, BRADLEY 2170 WEST STATE ROAD 434, SUITE 100 LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MATTHEW, JAMES M 2170 WEST STATE ROAD 434, SUITE 100 LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARSHAW, KIRK 2170 WEST STATE ROAD 434, SUITE 100 LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RABINOVICI, STEVE 2170 WEST STATE ROAD 434, SUITE 100 LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WOJNOWSKI, DONALD 2170 WEST STATE ROAD 434, SUITE 100 LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUDY, JOHN 2170 WEST STATE ROAD 434, SUITE 100 LONGWOOD, FL 32779

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03/07/08-80012-009 150.00

**DO NOT WRITE
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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:  **JAMES MATTHEW** **2-22-08** **407-774-1300**

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