


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2004 8:00 am
Secretary of State

05-24-2004 90004 030 ***550.00

DOCUMENT # P00000016730					
1. Entity Name EMPIRE FINANCIAL HOLDING COMPANY					
Principal Place of Business 2170 WEST STATE ROAD 434 LONGWOOD, FL 32779			Mailing Address 2170 WEST STATE ROAD 434 LONGWOOD, FL 32779		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GAGNE, KEVIN M 2170 WEST STATE ROAD 434 LONGWOOD, FL 32779				Name	
				Street Address (P. O. Box Number is Not Acceptable)	
				City	
				FL	Zip Code
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GAGNE, KEVIN M		NAME	Gordon, Bradley	
STREET ADDRESS	1385 WEST STATE ROAD 434		STREET ADDRESS	2170 West State Road 434 STE 100	
CITY-ST-ZIP	LONGWOOD, FL 32750		CITY-ST-ZIP	Longwood, FL 32779	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOBLE, RICHARD L		NAME	Gagne, Kevin	
STREET ADDRESS	1385 WEST STATE ROAD 434		STREET ADDRESS	2170 West State Road 434 STE 100	
CITY-ST-ZIP	LONGWOOD, FL 32750		CITY-ST-ZIP	Longwood, FL 32779	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Dreifus, Henry	
STREET ADDRESS			STREET ADDRESS	2170 West State Road 434 STE 100	
CITY-ST-ZIP			CITY-ST-ZIP	Longwood, FL 32779	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Tsucalas, John	
STREET ADDRESS			STREET ADDRESS	2170 West State Road 434 STE 100	
CITY-ST-ZIP			CITY-ST-ZIP	Longwood, FL 32779	
TITLE		<input type="checkbox"/> Delete	TITLE	O	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Wojnowski, Donald	
STREET ADDRESS			STREET ADDRESS	2170 West State Road 434 STE 100	
CITY-ST-ZIP			CITY-ST-ZIP	Longwood, FL 32779	
TITLE		<input type="checkbox"/> Delete	TITLE	O	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Rodgers, Patrick	
STREET ADDRESS			STREET ADDRESS	2170 West State Road 434 STE 100	
CITY-ST-ZIP			CITY-ST-ZIP	Longwood, FL 32779	
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: _____ DATE: _____ DAYTIME PHONE #: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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05172004 Chg-P CR2E034 (10/03)

4. FEI Number 91-1952678 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required