


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 02, 2008 8:00 am**  
**Secretary of State**

06-02-2008 90009 023 \*\*\*150.00

<b>DOCUMENT # P00000016730</b>	
1. Entity Name <b>JESUP &amp; LAMONT, INC.</b>	

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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**40107309**



01032008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>91-1952670-59-3627212</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

WOJNOWSKI, DON  
2170 WEST STATE ROAD 434  
SUITE 100  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**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	CEO WOJNOWSKI, DON 2170 WEST STATE ROAD 434 STE 100 LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CH RABINOVICI, STEVE 2170 WEST STATE ROAD 434, SUITE 100 LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GORDON, BRAD 2170 WEST STATE ROAD 434 STE 100 LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARSHAW, KIRK 2170 WEST STATE ROAD 434 STE 100 LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUDY, JOHN 2170 WEST STATE ROAD 434 STE 100 LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO MATTHEW, JIM 2170 WEST STATE ROAD 434 STE 100 LONGWOOD, FL 32779

**DO NOT WRITE IN THIS SPACE**

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 #

ATTACHMENT

40107309



Empire Financial Group, Inc.

2170 West State Rd 434  
Suite 100  
Longwood, FL 32779  
(800) 569-3337

To: Florida Department of State

From: Jim Matthew, CFO

Date: May 23, 2008

Subject: Reference Number: P00000016730

Enclosed is the check for our annual Report. Please excuse our inadvertent delay on this matter.

Jim Matthew, CFO