2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2004 8:00 am
Secretary of State
04-22-2004 90096 002 ***150.00

DOCUMENT # P03000052424

1. Entity Name

EMPIRE CONSTRUCTION & DEVELOPMENT CORPORATION

Principal Place of Business	Mailing Address
1926 JOHNSON STREET HOLLYWOOD FL 33020	1926 JOHNSON STREET HOLLYWOOD FL 33020

MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address
2633 Oak Park Cir.	2633 Oak Park Cir.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Davie, Fl.	City & State: Davie, Fl.
Zip: 33328 Country: USA	Zip: 33328 Country:

4. FEI Number 86-1072727 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JOINER, MICHAEL
1926 JOHNSON STREET
HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent

Name: Same
Street Address (P.O. Box Number is Not Acceptable): 2633 Oak Park Circle
City: Davie FL Zip Code: 33328

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: [signature] DATE: 4/19/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	JOINER, MICHAEL		NAME	same	
STREET ADDRESS	1926 JOHNSON STREET		STREET ADDRESS	2633 Oak Park Circle	
CITY-ST-ZIP	HOLLYWOOD FL 33020		CITY-ST-ZIP	Davie, Fl. 33328	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: [signature] Date: 4/19/04 Daytime Phone #:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR