


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90034 013 ***150.00

DOCUMENT # 211840			
1. Entity Name EMPIRE POINT INVESTMENTS, INC.			
Principal Place of Business 4839 RIVER BASIN DR S JACKSONVILLE, FL 32207		Mailing Address 4839 RIVER BASIN DR S JACKSONVILLE, FL 32207	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		01142008 Chg-P CR2E034 (12/06)	
		4. FEI Number 59-6060166	
		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		7. Name and Address of New Registered Agent	
PARKER, WILLIAM B 4839 RIVER BASIN DR S JACKSONVILLE, FL 32207		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: <i>William B. Paul</i>		DATE: 3-25-08	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent's signature required when registering)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		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	PD <input checked="" type="checkbox"/> Delete	TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHICKEL, CAROL	NAME	<i>@ FLEMING, ED</i>
STREET ADDRESS	4839 RIVER POINT RD	STREET ADDRESS	<i>5029 Glade Hill St.</i>
CITY-ST-ZIP	JACKSONVILLE, FL 32207	CITY-ST-ZIP	<i>Jacksonville FL 32207</i>
TITLE	VD <input checked="" type="checkbox"/> Delete	TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MONQELL, MITCH	NAME	<i>Carol Schickel</i>
STREET ADDRESS	4833 RIVER BASIN DR S	STREET ADDRESS	<i>4839 River Point Rd</i>
CITY-ST-ZIP	JACKSONVILLE, FL 32207	CITY-ST-ZIP	<i>Jacksonville FL 32207</i>
TITLE	SD <input type="checkbox"/> Delete	TITLE	SD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREELAND, BARBARA	NAME	
STREET ADDRESS	4913 RIVER BASIN DR S	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	TD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKER, WILLIAM	NAME	
STREET ADDRESS	4839 RIVER BASIN DR S	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: <i>William B. Paul</i>		Date: 3-25-08 Daytime Phone #: 9049825799	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	