

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000001200

Entity Name: EMPIRE MANAGEMENT SERVICES, INC.

FILED
Jan 28, 2005
Secretary of State

Current Principal Place of Business:

13810 FNB PKWY
OMAHA, NE 681545202

New Principal Place of Business:

Current Mailing Address:

13810 FNB PKWY
OMAHA, NE 681545202

New Mailing Address:

FEI Number: 47-0794581

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STAZZONE, JOE
99 NORTH ATLANTIC AVENUE
COCOA BEACH, FL 32931 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HELLER, ROBERT
Address: 13810 FNB PKWY
City-St-Zip: OMAHA, NE 681545202

Title: VD () Delete
Name: RALPH, CHARLES
Address: 13810 FNB PKWY
City-St-Zip: OMAHA, NE 681545202

Title: STD () Delete
Name: KINSLER, JOHN T
Address: 13810 FNB PKWY
City-St-Zip: OMAHA, NE 68154

Title: AS () Delete
Name: WARFIELD, RAYMOND J
Address: 1400 AMERICAN LN
City-St-Zip: SCHAUMBURG, IL 60196

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: VICKIE, WALKER
Address: 13810 FNB PKWY
City-St-Zip: OMAHA, NE 681545202

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN T. KINSLER

STD

01/28/2005

Electronic Signature of Signing Officer or Director

Date