


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT # J16413
 1. Entity Name
EMPIRE STATE ENTERPRISES, INC.



Principal Place of Business Mailing Address
8600 SURREY LANE **9905 CLINT MOORE CIRCLE**
BOCA RATON, FL 33496-1230 US **BOCA RATON, FL 33496-1230 US**

DO NOT WRITE IN THIS SPACE



03142005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2677448 Applied For
 Not Applicable

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

5. Name and Address of Current Registered Agent
WILSON, RICHARD L
9905 CLINT MOORE RD
BOCA RATON, FL 33496

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

U00000295062
 04/09/05-80012-023 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THOMAS, JOHN SR. 9905 CLINT MOORE ROAD BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V THOMAS, NORMAN 9905 CLINT MOORE LANE BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T THOMAS, JOHN JR. 9905 CLINT MOORE ROAD BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S THOMAS, STEPHEN 9905 CLINT MOORE ROAD BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, JEFFREY 9905 CLINT MOORE ROAD BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ 4-9-05 561482-1111
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone