

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90204 021 \*\*\*150.00



**DOCUMENT # K07665**

**1. Entity Name**  
**EMPIRE REALTY GROUP, INC.**

**Principal Place of Business**      **Mailing Address**  
~~80 TRIPLET CK. DRIVE~~      ~~80 TRIPLET CK. DRIVE~~  
~~CASSELBERRY FL 32707~~      ~~CASSELBERRY FL 32707~~  
~~US~~      ~~US~~

**2. Principal Place of Business**      **3. Mailing Address**  
**213 E. HILLCREST ST**      **213 E. HILLCREST ST**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

**City & State**      **City & State**  
**ALTAMONTE SPRINGS, FL**      **ALTAMONTE SPRINGS FL**  
**Zip**      **Country**      **Zip**      **Country**  
**32701**      **USA**      **32701**      **USA**



MOORE      CR2E034 (11/03)

**4. FEI Number**      **Applied For**  
**NO-T APPLICABLE**       **Not Applicable**

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

**6. Name and Address of Current Registered Agent**  
**LIMA SR., KENNETH J**  
**213 E. HILLCREST ST.**  
**ALTAMONTE SPRINGS FL 32701**

**7. Name and Address of New Registered Agent**  
**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** \_\_\_\_\_ **DATE** \_\_\_\_\_  
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**       **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS	
<b>TITLE</b> PTDC <input type="checkbox"/> Delete	<b>NAME</b> LIMA SR., KENNETH J
<b>STREET ADDRESS</b> <del>80 TRIPLET CK. DRIVE</del> <b>213 E. HILLCREST ST</b>	<b>CITY-ST-ZIP</b> <del>CASSELBERRY FL 32707</del> <b>ALTAMONTE SPRINGS FL 32701</b>
<b>TITLE</b> [REDACTED] <input type="checkbox"/> Delete	<b>NAME</b> [REDACTED]
<b>STREET ADDRESS</b> [REDACTED]	<b>CITY-ST-ZIP</b> [REDACTED]
<b>TITLE</b> [REDACTED] <input type="checkbox"/> Delete	<b>NAME</b> [REDACTED]
<b>STREET ADDRESS</b> [REDACTED]	<b>CITY-ST-ZIP</b> [REDACTED]
<b>TITLE</b> [REDACTED] <input type="checkbox"/> Delete	<b>NAME</b> [REDACTED]
<b>STREET ADDRESS</b> [REDACTED]	<b>CITY-ST-ZIP</b> [REDACTED]
<b>TITLE</b> [REDACTED] <input type="checkbox"/> Delete	<b>NAME</b> [REDACTED]
<b>STREET ADDRESS</b> [REDACTED]	<b>CITY-ST-ZIP</b> [REDACTED]
<b>TITLE</b> [REDACTED] <input type="checkbox"/> Delete	<b>NAME</b> [REDACTED]
<b>STREET ADDRESS</b> [REDACTED]	<b>CITY-ST-ZIP</b> [REDACTED]

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> [REDACTED] <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b> [REDACTED]
<b>STREET ADDRESS</b> [REDACTED]	<b>CITY-ST-ZIP</b> [REDACTED]
<b>TITLE</b> [REDACTED] <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b> [REDACTED]
<b>STREET ADDRESS</b> [REDACTED]	<b>CITY-ST-ZIP</b> [REDACTED]
<b>TITLE</b> [REDACTED] <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b> [REDACTED]
<b>STREET ADDRESS</b> [REDACTED]	<b>CITY-ST-ZIP</b> [REDACTED]
<b>TITLE</b> [REDACTED] <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b> [REDACTED]
<b>STREET ADDRESS</b> [REDACTED]	<b>CITY-ST-ZIP</b> [REDACTED]
<b>TITLE</b> [REDACTED] <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b> [REDACTED]
<b>STREET ADDRESS</b> [REDACTED]	<b>CITY-ST-ZIP</b> [REDACTED]

**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:** *Kenneth J. Lima Sr.*      **4-27-4**      **407-679-0077**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #  
**407-774-3262**