

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L44471

FILED
Feb 24, 2009
Secretary of State

Entity Name: EMPIRE TERM COMPANY

Current Principal Place of Business:

2447 SEGOVIA AVE
JACKSONVILLE, FL 322172626 US

New Principal Place of Business:

Current Mailing Address:

2447 SEGOVIA AVE
JACKSONVILLE, FL 322172626 US

New Mailing Address:

FEI Number: 59-2993743 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRAZIER, CLARENCE F
1548 LANCASTER TERRACE
JACKSONVILLE, FL 32204 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: DVAS () Delete
Name: KRUEGER, CHARLES,
Address: 4618 EMPIRE AVE
City-St-Zip: JACKSONVILLE, FL 32207

Title: DPTS () Delete
Name: DUBOSE, JOHN,
Address: 2447 SEGOVIA
City-St-Zip: JACKSONVILLE, FL 32217

Title: VP () Delete
Name: SMITH, ANN K
Address: 550 W WATER ST
City-St-Zip: JACKSONVILLE, FL 32202

Title: VP () Delete
Name: DUBOSE, DAVID L
Address: 328 LOLLY LANE
City-St-Zip: JACKSONVILLE, FL 32259

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 exemption stated 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 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 L. DUBOSE

DPTS

02/24/2009

Electronic Signature of Signing Officer or Director

_____ Date