

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L94737**

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



Principal Place of Business  
**2170 WEST STATE ROAD 434  
SUITE 100  
LONGWOOD, FL 32779**

Mailing Address  
**2170 WEST STATE ROAD 434  
SUITE 100  
LONGWOOD, FL 32779**



01032008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0211856**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**WOJNOWSKI, DONALD  
2170 WEST STATE ROAD 434  
LONGWOOD, FL 32779**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	GORDON, BRADLEY
STREET ADDRESS	2170 WEST STATE ROAD 434, SUITE 100
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	V
NAME	MATTHEW, JAMES M
STREET ADDRESS	2170 WEST STATE ROAD 434, SUITE 100
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	D
NAME	WARSHAW, KIRK
STREET ADDRESS	2170 WEST STATE ROAD 434, SUITE 100
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	D
NAME	RABINOVICI, STEVE
STREET ADDRESS	2170 WEST STATE ROAD 434, SUITE 100
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	PD
NAME	WOJNOWSKI, DONALD
STREET ADDRESS	2170 WEST STATE ROAD 434, SUITE 100
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	D
NAME	RUDY, JOHN
STREET ADDRESS	2170 WEST STATE ROAD 434, SUITE 100
CITY-ST-ZIP	LONGWOOD, FL 32779

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03/07/08-80012-009 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:

*James M. Matthew* **JAMES MATTHEW**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-22-08**

Date

**407-774-1300**

Daytime Phone #