


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # M55202	
1. Entity Name EMPIRE COAST DEVELOPMENT CORPORATION	

Principal Place of Business P.O. BOX 353320 PALM COAST, FL 32135 US	Mailing Address P.O. BOX 353320 PALM COAST, FL 32135 US
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DO NOT WRITE IN THIS SPACE

04252005 No Chg-P CR2E034 (1Q/03)

4. FEI Number 65-0058059	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SHELLEY, DENIS
313 SOUTH PALMETTO AVENUE
DAYTONA BEACH, FL 32114

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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, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WORKMAN, BRIAN
STREET ADDRESS	27 WELLINGTON DR
CITY-ST-ZIP	BASKING RIDGE, NJ 07920
TITLE	VD
NAME	DMYTRYK, JACK
STREET ADDRESS	149 ERIC DRIVE
CITY-ST-ZIP	PALM COAST, FL
TITLE	ST
NAME	SLADDEN, MICHAEL
STREET ADDRESS	500 WEST END AVENUE, #12B
CITY-ST-ZIP	NEW YORK, NY 10024
TITLE	D
NAME	CITEN, THOMAS
STREET ADDRESS	1300 N.W. 96 AVENUE
CITY-ST-ZIP	PLANTATION, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(j), 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:

Jack Dmytryk **Jack Dmytryk** 4/25/05 8406
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

386-437-