

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P0000032559

1. Entity Name
EMPIRE PROPERTIES OF TAMPA, INC.



Principal Place of Business
 7806 113TH AVE.
 TEMPLE TERRACE, FL 33617

Mailing Address
 7806 113TH AVE.
 TEMPLE TERRACE, FL 33617

DO NOT WRITE IN THIS SPACE



05032004 No Chg-P CR2E034 (10/03)

4. FEI Number **59-3634303** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

WATKINS, CARL T CPA
7345 JACKSON SPRINGS RD.
TAMPA, FL 33634

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I, the above named entity, submit 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 applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHMIT, JAMES T 7806 113TH AVE. TEMPLE TERRACE, FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GERHART, STEPHEN 2018 GREGORY DR. TAMPA, FL 33613
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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: J. D. Schmit Jim Schmit 6-23-04 813-985-8081
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #