

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 07, 2004 8:00 am**  
**Secretary of State**

5/3/

05-03-2004 90677 034 \*\*\*150.00

**DOCUMENT # P03000074328**

1. Entity Name  
**EMPIRE VENTURES, INC.**

Principal Place of Business  
1155 ROUNDTABLE DRIVE  
CASSELBERRY, FL 32707

Mailing Address  
1155 ROUNDTABLE DRIVE  
CASSELBERRY, FL 32707

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04282004 Chg-P CR2E034 (10/03)

4. FEI Number

56-2343567

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HEINTZ, ARTHUR E  
921 WAVERLY DRIVE  
LONGWOOD, FL 32750

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 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	<input type="checkbox"/> Delete
NAME	HILL, SEAN D	
STREET ADDRESS	921 WAVERLY DRIVE	
CITY-ST-ZIP	LONGWOOD, FL 32750	
TITLE	D	<input type="checkbox"/> Delete
NAME	HILL, MELISSA K-A	
STREET ADDRESS	921 WAVERLY DRIVE	
CITY-ST-ZIP	LONGWOOD, FL 32750	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Additio
NAME		
STREET ADDRESS	1155 ROUNDTABLE DRIVE	
CITY-ST-ZIP	CASSELBERRY, FL 32707	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Additio
NAME		
STREET ADDRESS	1155 ROUNDTABLE DRIVE	
CITY-ST-ZIP	CASSELBERRY, FL 32707	
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Additio
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/04