

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90263 041 ***150.00

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04122005 Chg-P CR2E034 (10/03)

DOCUMENT # P03000146398			
1. Entity Name FIRST EMPIRE HOLDINGS, INC.			
Principal Place of Business 3825 HENDERSON BLVD. TAMPA, FL 33629 US		Mailing Address 3825 HENDERSON BLVD. TAMPA, FL 33629 US	
2. Principal Place of Business		3. Mailing Address PO Box 18404	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State TAMPA FL	
Zip	Country	Zip 33629	Country USA
4. FEI Number 90-0134310		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	
REIBER, SAM I 3821 HENDERSON BOULEVARD TAMPA, FL 33629		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 _____ DATE _____ Says men, typed or printed name of registered agent and file if applicable (dotted line) Registered Agent signature required when completing			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JACOBSON, DAVID C 3825 HENDERSON BOULEVARD TAMPA, FL 33629 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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)(f), 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: <i>David Jacobson</i>		4-12-05 813-826-3131	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Telephone #	