## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P04000058918

1. Entity Name

EMPIRE COMPUTER SERVICES, INC.



FILED
Jan 28, 2008 08:00 A
Secretary of State

Principal Place of Business

6003-21ST STREET EAST BRADENTON, FL 34203 Mailing Address

6003-21ST STREET EAST BRADENTON, FL 34203



## DO NOT WRITE IN THIS SPACE

01262008 No Chg-P

CR2E034 (11/05)

4. FEI Number 20-0988834

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BARTER, TIMOTHY C SR. 6003-21ST STREET EAST BRADENTON, FL 34203

## 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 reinstatung) OATE					
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Fir Trust Fund Contribution		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARTER, TIMOTHY C SR. 6003-21ST STREET EAST BRADENTON, FL 34203				U00000802053 02/01/08-80044-008 150.00
TITLE NAME STREET AODRESS CITY-SI-ZIP	D PRETE, BRIAN A 6003-21ST STREET EAST BRADENTON, FL 34203				
TITLE NAME STREET ADDRESS CITY-SI-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN <sup>*</sup>	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-08

941-705-0888

elo

Daytime Phone #