

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90179 011 ***150.00

| | | | | | |
|--|---|--|---|---|---|
| DOCUMENT # P05000022696 1. Entity Name EMPIRICAL GROUP, INC. | | | |  | |
| Principal Place of Business 573 SUNSET POINTE DRIVE LAKE PLACID FL 33852 | | | Mailing Address 573 SUNSET POINTE DRIVE LAKE PLACID FL 33852 | | |
| 2. Principal Place of Business 363 CATFISH CREEK ROAD Suite, Apt. #, etc. | | 3. Mailing Address 363 CATFISH CREEK ROAD Suite, Apt. #, etc. | | | |
| City & State LAKE PLACID, FL Zip 33852 | | City & State LAKE PLACID, FL Zip 33852 | | 4. FEI Number 20-2368285 | |
| Country USA | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent HONKALA, SCOTT 573 SUNSET POINTE DRIVE LAKE PLACID FL 33852 | | | 7. Name and Address of New Registered Agent Name SCOTT HONKALA Street Address (P.O. Box Number is Not Acceptable) 363 CATFISH CREEK ROAD City LAKE PLACID FL Zip Code 33852 | | |
| 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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | PD HONKALA, SCOTT 573 SUNSET POINTE DRIVE LAKE PLACID FL 33852 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P SCOTT HONKALA 363 CATFISH CREEK ROAD LAKE PLACID, FL 33852 |
| | | | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST HONKALA, SCOTT 573 SUNSET POINTE DRIVE LAKE PLACID FL 33852 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SAME AS ABOVE |
| | | | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 | | | | | |
| | | | | Date _____ Daytime Phone # _____ | |