

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 06, 2005 08:00 AM
Secretary of State**

DOCUMENT # P97000018148

1. Entity Name
EMPIRE DEVELOPMENT SYSTEMS, INC.



Principal Place of Business
**5233 N W 89TH DRIVE
CORAL SPRINGS, FL 33067**

Mailing Address
**5233 N W 89TH DRIVE
CORAL SPRINGS, FL 33067**



05022005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0727018	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

8. Name and Address of Current Registered Agent

**GUCCIONE, GREGORY
5233 N W 89TH DRIVE
CORAL SPRINGS, FL 33067**

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GUCCIONE, GREGORY
STREET ADDRESS	5233 NW 89TH DRIVE
CITY-ST-ZIP	CORAL SPRINGS, FL 33067

TITLE	
NAME	
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**DO NOT WRITE
IN THIS SPACE**

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05/06/05-80027-010 150.00

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 #