## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

## DOCUMENT # P99000080633

1. Entity Name

EMPIRE INVESTMENT ADVISORS, INC.



Principal Place of Business

2170 WEST STATE ROAD 434 SUITE 100

LONGWOOD, FL 32779

Mailing Address

2170 WEST STATE ROAD 434 SUITE 100 LONGWOOD, FL 32779

## **FILED** Mar 11, 2008 8:00 am Secretary of State

03-11-2008 90018 025 \*\*\*150.00

QUUSEU"



01032008

No Chg-P

CR2E034 (11/05)

Applied For 4. FEI Number <del>59-359971+</del> *59-3599971* Not Applicable \$8.75 Additional 5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

WOJNOWSKI, DONALD 2170 WEST STATE ROAD 434 STE 100 LONGWOOD, FL 32779

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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).						
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution			cing	\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WOJOWSKI, DONALD 2170 WEST STATE ROAD 434 STE 10 LONGWOOD, FL 32779	00				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RABINOVICI, STEVE 2170 WEST STATE ROAD 434 STE 10 LONGWOOD, FL 32779	10				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GORDON, BRAD 2170 WEST STATE ROAD 434 STE 10 LONGWOOD, FL 32779	0	DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUDY, JOHN 2170 WEST STATE ROAD 434 STE 10 LONGWOOD, FL 32779	00		IN <sup>*</sup>	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARSHAW, KIRK 2170 WEST STATE ROAD 434 STE 10 LONGWOOD, FL 32779	0				
TITLE NAME STREET ADORESS CITY-ST-ZIP	CCO WILSON, JOHN 2170 WEST STATE ROAD 434 STE 10 LONGWOOD, FL 32779	0				,

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.