


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90045 044 ***150.00

DOCUMENT # S42750 1. Entity Name EMPIRE AGENCY, INC.			
Principal Place of Business 610 DELTONA BLVD STE C DELTONA, FL 32725 US		Mailing Address 350 ESSJAY ROAD SUITE #302 WILLIAMSVILLE, NY 14221 US	
2. Principal Place of Business 2831 Ringling Dr Suite, Apt. #, etc. Suite 221F		3. Mailing Address 2015 Dodge Road Suite, Apt. #, etc.	
City & State Sarasota FL		City & State E. Amherst N.Y. 14051	
Zip 34236	Country US	Zip 14051	Country US
4. FEI Number 59-3060110		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHULTZ, CARYN Y 1310 DEERPATH DR. OSTEEN, FL 32764		7. Name and Address of New Registered Agent Name MARGO ARNOLD Street Address (P.O. Box Number is Not Acceptable) 188 BESSIE ROAD City TAVERNIER FL Zip Code 33070	
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 <u>X Margo C. Arnold</u> 3-22-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		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	CD ARNOLD, ROGER J. 350 ESSJAY RD., STE 302 WILLIAMSVILLE, NY 14221 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2015 Dodge Road E. Amherst N.Y 14051
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHOUTEN, JENNIFER L 145 NORTH LONG RD. WILLIAMSVILLE, NY 14221 <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	TD SCHOUTEN, STEVEN J 145 NORTH LONG RD. WILLIAMSVILLE, NY 14221 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARGO ARNOLD 188 BESSIE ROAD TAVERNIER FL 33070 <input type="checkbox"/> Change <input checked="" 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 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: <u>Roger J. Arnold</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>3/1/04</u> Daytime Phone # <u>716 380 1937</u>	