

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90100 033 \*\*\*\*\*75.00

DOCUMENT # N03000007190

1. Entity Name

DOLLAR DYNASTY, INC.



Principal Place of Business

DOLLAR DYNASTY, INC.  
1922 MARTIN LUTHER KING JR. WAY  
SARASOTA FL 34234

Mailing Address

DOLLAR DYNASTY, INC.  
PO BOX 5975  
SARASOTA FL 34277

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

30-0204646

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BROWN, VICTORIA B  
5799 AVISTA DR  
SARASOTA FL 34243

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$61.25

Due By May 1, 2005

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	BROWN, VICTORIA B	
STREET ADDRESS	5799 AVISTA DR	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	CHERRY, SURRY III	
STREET ADDRESS	1497 15 ST	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	CHERRY, NADINE C	
STREET ADDRESS	1497-15 ST	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	WILSON, EUMONICA S	
STREET ADDRESS	5005 CAPE ELIZABETH CT	
CITY-ST-ZIP	JACKSONVILLE FL 32277	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MORRIS, ANNIE H	
STREET ADDRESS	3885 CANOPY WAY	
CITY-ST-ZIP	SARASOTA FL 34235	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jasmine Allison Raskey, Jasmine	
STREET ADDRESS	10800 Brighton Bay Blvd. NE.	
CITY-ST-ZIP	St. Petersburg, FL 33716	
TITLE	DR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Eloise S. Allen, Eloise S.	
STREET ADDRESS	1930 Sanford Cir.	
CITY-ST-ZIP	Sarasota, FL 34234	
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Buehand, Valerie	
STREET ADDRESS	2562 Janie Poe Dr.	
CITY-ST-ZIP	Sarasota, FL 34234	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Paller, Orrie S.	
STREET ADDRESS	2801 Fruitville Rd. #280	
CITY-ST-ZIP	Sarasota, FL 34237	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jones, Carlos	
STREET ADDRESS	4005 N. Tamiami Trail	
CITY-ST-ZIP	Sarasota, FL 34234	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mack, Joseph	
STREET ADDRESS	2520-19th St.	
CITY-ST-ZIP	Sarasota, FL 34234	

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 617, 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:

Victoria Brown, APR 15/05

941-955-8091

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #