2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 07, 2004 8:00 am
Secretary of State
04-26-2004 90535 025 ***150.00

00420001

[redacted]

MOORE CR2E034 (11/03)

DOCUMENT # P03000061636

1. Entity Name
DYNASTY HAIR DESIGN, INC.

Principal Place of Business	Mailing Address
2005 MIMOSA AVE. FT. PIERCE FL 33939	2005 MIMOSA AVE. FT. PIERCE FL 33939

2. Principal Place of Business		3. Mailing Address	
6496 N. U.S. Hwy 1		2005 MIMOSA AVE.	
Suite, Apt. #, etc. FL.		Suite, Apt. #, etc. FL.	
City & State FT. PIERCE		City & State FT. PIERCE	
Zip 34946	Country ST. LUCIE	Zip 34949	County ST. LUCIE

4. FEI Number 02-0694356 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GUNTHER, JUANITA
~~2005 MIMOSA AVE.~~
~~FT. PIERCE FL 33939~~
34949

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 ~~Juanita Gunther JUANITA GUNTHER Pres.~~ 4/21/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PRESIDENT ☐ Delete 1/6/04	TITLE	☐ Change ☐ Addition
NAME	JUANITA GUNTHER	NAME	
STREET ADDRESS	2005 MIMOSA AVE.	STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE, FL. 34949	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Juanita Gunther PRES. JUANITA GUNTHER 4/21/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #