


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 28, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P93000063220</b>	
1. Entity Name <b>DYNASTY HOLDINGS OF FLORIDA, INC.</b>	

Principal Place of Business <b>405 DOUGLAS AVENUE SUITE 1955 ALTAMONTE SPRINGS FL 32714 US</b>	Mailing Address <b>PO BOX 917359 LONGWOOD FL 32791 US</b>
---	--

2. Principal Place of Business	3. Mailing Address
--------------------------------	--------------------

Suite, Apt #, etc	Suite, Apt #, etc
-------------------	-------------------

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
---	---

<b>JUDGE WALTER E. 405 DOUGLAS AVENUE ALTAMONTE SPRINGS FL 32714</b>	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State (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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstalling) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD</b> <b>KAHN, JEROME B</b> <b>2102 ROYAL FERN CT</b> <b>LONGWOOD FL 32750</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>U00000018564</b> <b>01/28/04-80141-006 150.00</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>STD</b> <b>JACONETTI, GEORGE W</b> <b>733 W STATE ROAD 436, SUITE 2001</b> <b>ALTAMONTE SPRINGS FL</b> <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	<b>V</b> <b>JUDGE WALTER E.</b> <b>405 DOUGLAS AVE SUITE 1955</b> <b>ALTAMONTE SPRINGS FL</b> <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
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)(f), 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:** \_\_\_\_\_ **JAN 22, 2004 407-774-1600**