

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90064 040 \*\*\*150.00

**DOCUMENT # P99000033498**

1. Entity Name

**DYNASTY CUSTOMS, INC.**



Principal Place of Business

11316 WILES ROAD  
CORAL SPRINGS FL 33076

Mailing Address

11316 WILES ROAD  
CORAL SPRINGS FL 33076

2. Principal Place of Business

12140 Wiles Road

Suite, Apt. #, etc.

Coral

City & State

Coral Springs FL

Zip

33076

Country

USA

3. Mailing Address

12140 Wiles Road

Suite, Apt. #, etc.

Coral

City & State

Coral Springs FL

Zip

33076

Country

USA



1st MOORE

CR2E034 (10/04)

4. FEI Number

65-0911808

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

EGNER, THEODORE K ATTY  
3067 EAST COMMERCIAL BOULEVARD, SUITE 203  
FORT LAUDERDALE FL 33308

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 \$150.00**  
**After May 1, 2005 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

TITLE	P	<input type="checkbox"/> Delete
NAME	SHANNON, KAREN G	
STREET ADDRESS	8820 NW 17 MANOR	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SHANNON, PAUL M	
STREET ADDRESS	8820 NW 17 MANOR	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Pres	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAREN G SHANNON	
STREET ADDRESS	6320 NW 77th	
CITY-ST-ZIP	Parkland, FL 33067	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Paul M. Shannon	
STREET ADDRESS	6320 NW 77th	
CITY-ST-ZIP	Parkland, FL 33067	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

*Karen Shannon*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/05

Date

954-202-3453

Daytime Phone #