


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 09, 2008 8:00 am**  
**Secretary of State**

05-09-2008 90009 010 \*\*\*150.00

<b>DOCUMENT # P99000033498</b>	
1. Entity Name <b>DYNASTY CUSTOMS, INC.</b>	

Principal Place of Business <b>12140 WILES ROAD CORAL SPRINGS FL 33076</b>	Mailing Address <b>12140 WILES ROAD CORAL SPRINGS FL 33076</b>
---	---

2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
---	---

City & State	City & State
Zip	Country <b>USA</b>
Zip	Country <b>USA</b>

4. FEI Number <b>65-0911808</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

1st MOORE CR2E034 (10/07)



6. Name and Address of Current Registered Agent  <b>EGNER, THEODORE K ATTY 3067 EAST COMMERCIAL BOULEVARD, SUITE 203 FORT LAUDERDALE FL 33308</b>
---

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title, if applicable.</small>
DATE _____ <small>(NOTE: Registered Agent signature required when reappointing)</small>

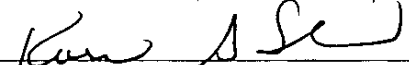
**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	<b>P SHANNON, KAREN G</b>
STREET ADDRESS	<b>6320 NW 77 LANE Court</b>
CITY-ST-ZIP	<b>PARKLAND FL 33067</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>VP SHANNON, PAUL M</b>
STREET ADDRESS	<b>6320 NW 77 LANE Court</b>
CITY-ST-ZIP	<b>PARKLAND FL 33067</b>
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	<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	
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 exemptions contained in Section 119, 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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/10/08 954-202-3454**  
Date  
Corporate Filing #