


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # V35105 1. Entity Name DYNASTY REALTY OF BREVARD, INC. |  |
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|---|---|
| Principal Place of Business 1600 SARNO RD SUITE 119-I MELBOURNE, FL 32935 US | Mailing Address 1600 SARNO RD SUITE 119-I MELBOURNE, FL 32935 US |
|---|---|



04102005 No Chg-P CR2E034 (10/03)

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| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 59-3125962 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

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| 6. Name and Address of Current Registered Agent ALLEN, HENRY M 1600 SARNO RD STE 119-I MELBOURNE, FL 32935 |
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IN THIS SPACE**

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**

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

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DP ALLEN, HENRY M 1600 SARNO RD STE 119-I MELBOURNE, FL 32935 |
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04/18/05-80108-018 150.00

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IN THIS SPACE**

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: Henry M. Allen **HENRY M. ALLEN** 4-14-05 321-254-1115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #