

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M90815

FILED  
Apr 11, 2009  
Secretary of State

**Entity Name:** DEVELOPMENT ADVISORY SERVICES, INC.

**Current Principal Place of Business:**

P. O. BOX 610  
BELL, FL 32619

**New Principal Place of Business:**

11530 NW 17TH PLACE  
GAINESVILLE, FL 32606

**Current Mailing Address:**

P. O. BOX 610  
BELL, FL 32619

**New Mailing Address:**

11530 NW 17TH PLACE  
GAINESVILLE, FL 32606

**FEI Number:** 59-2901106

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GLUCKMAN, MARK A  
3879 RODEO RD.  
BELL, FL 32619 US

**Name and Address of New Registered Agent:**

GLUCKMAN, MARK A  
11530 NW 17TH PLACE  
GAINESVILLE, FL 32606 US

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.

SIGNATURE:

04/11/2009

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PDS ( ) Delete  
Name: GLUCKMAN, MARK A.  
Address: 3879 RODEO RD.  
City-St-Zip: BELL, FL

Title: VD ( ) Delete  
Name: GLUCKMAN, LEE  
Address: END OF RODEO RD.  
City-St-Zip: BELL, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PDS (X) Change ( ) Addition  
Name: GLUCKMAN, MARK A.  
Address: 11530 NW 17TH PLACE  
City-St-Zip: GAINESVILLE, FL 32606

Title: VD (X) Change ( ) Addition  
Name: GLUCKMAN, LEE  
Address: 11530 NW 17TH PLACE  
City-St-Zip: GAINESVILLE, FL 32606

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK A. GLUCKMAN

P

04/11/2009

Electronic Signature of Signing Officer or Director

Date