2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000113834

Name:

Address:

City-St-Zip:

PARRISH, MARY E

11746 GRACES WAY

CLERMONT, FL 34711

Entity Name: D & S LAND DEVELOPMENT, INC.

FILED Apr 20, 2006 Secretary of State

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
11746 GRACE'S WAY CLERMONT, FL 34711				210 E. WASHINGTON ST. SUITE B MINNEOLA, FL 34755	
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
PO BOX 120609 CLERMONT, FL 347120609			PO BOX 120609 CLERMONT, FL 34	PO BOX 120609 CLERMONT, FL 34712	
FEI Number	: 59-3686732	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
11746 GRACLERMON	DOUGLAS A ACE'S WAY NT, FL 34711 named entity see of Florida.	US submits this statement for the	purpose of changing its registe	red office or registered agent, or both,	
SIGNATUI					
Election Car		ic Signature of Registered Ag Trust Fund Contribution ().	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	DPT () PARRISH, DOU 11746 GRACE ¹ CLERMONT, FL	S WAY	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DV () PATTERSON, S 657 PARK VALI CLERMONT, FL	LEY CIRCLE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	S ()	Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

Name:

Address:

City-St-Zip:

SIGNATURE: DOUGLAS A PARRISH DPT 04/20/2006