

FILED
Mar 11, 2005 8:00 am
Secretary of State

DOCUMENT # P01000060773

D S PROPERTY MANAGEMENT, INC.



66004074



1st MOORE CR2E034 (10/04)

Principal Place of Business 530 RIGGS CIRCLE DAVENPORT FL 33837		Mailing Address 530 RIGGS CIRCLE DAVENPORT FL 33837		<div style="font-size: 24pt; font-weight: bold; margin-bottom: 10px;">66004071</div>	
2. Principal Place of Business		3. Mailing Address		1st MOORE CR2E034 (10/04)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3730305	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		Applied For Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DIANNA H. ASHTON INC. 430 E. SEMORAN BLVD. #200 CASSELBERRY FL 32707			Name <u>KNEPLEY-ACCOUNTING-SERVICES</u>		
			Street Address (P.O. Box Number is Not Acceptable) <u>(P.O. Box 214412) 411 RIDGE BLVD</u>		
			City <u>SOUTH DAYTONA BEACH</u>		
			State <u>FL</u> Zip Code <u>32121</u>		
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 <u>[Signature]</u> DATE <u>2/5/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
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 \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DPT <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GAPP, DAVID MICHAEL		NAME		
STREET ADDRESS	530 RIGGS CIRCLE, LAKE DAVENPORT ESTATES		STREET ADDRESS		
CITY- ST- ZIP	DAVENPORT FL 33897		CITY- ST- ZIP		
TITLE	DVS <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GAPP, SHAUN TREVOR		NAME		
STREET ADDRESS	530 RIGGS CIRCLE, LAKE DAVENPORT		STREET ADDRESS		
CITY- ST- ZIP	DAVENPORT FL 33897		CITY- ST- ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			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: <u>[Signature]</u> <u>DAVID GAPP</u> <u>2/5/05</u> <u>863 420 6041</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					