



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 20, 2006 08:00 A
Secretary of State**

DOCUMENT # P01000060773 1. Entity Name D S PROPERTY MANAGEMENT, INC.			
Principal Place of Business 530 RIGGS CIRCLE DAVENPORT, FL 33837		Mailing Address 530 RIGGS CIRCLE DAVENPORT, FL 33837	
DO NOT WRITE IN THIS SPACE			
		02102006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-3730305	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent KNEPLEY ACCOUNTING SERVICES 411 RIDGE BLVD PO BOX 214432 DAYTONA BEACH, FL 32121		DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE 000000521342 05/02/06-80130-012 150.00	
TITLE	DPT		
NAME	GAPP, DAVID MICHAEL		
STREET ADDRESS	530 RIGGS CIRCLE, LAKE DAVENPORT ESTATES		
CITY- ST- ZIP	DAVEN PORT, FL 33897		
TITLE	DVS		
NAME	GAPP, SHAUN TREVOR		
STREET ADDRESS	530 RIGGS CIRCLE, LAKE DAVENPORT		
CITY- ST- ZIP	DAVEN PORT, FL 33897		
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE			
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 Chapter 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4/17/06</u> <small>Daytime Phone #</small>	