

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000060773

FILED  
Apr 05, 2008  
Secretary of State

Entity Name: D S PROPERTY MANAGEMENT, INC.

**Current Principal Place of Business:**

530 RIGGS CIRCLE  
DAVENPORT, FL 33837

**New Principal Place of Business:**

**Current Mailing Address:**

530 RIGGS CIRCLE  
DAVENPORT, FL 33837

**New Mailing Address:**

FEI Number: 59-3730305

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KNEPLEY ACCOUNTING SERVICES  
411 RIDGE BLVD  
PO BOX 214432  
DAYTONA BEACH, FL 32121 US

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

KNEPLEY ACCOUNTING SERVICES  
411 RIDGE BLVD  
DAYTONA BEACH, FL 32121 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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/05/2008

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPT ( ) Delete  
Name: GAPP, DAVID MICHAEL  
Address: 530 RIGGS CIRCLE, LAKE DAVENPORT ESTATES  
City-St-Zip: DAVEN PORT, FL 33897 OC

Title: DVS ( ) Delete  
Name: GAPP, SHAUN TREVOR  
Address: 530 RIGGS CIRCLE, LAKE DAVENPORT  
City-St-Zip: DAVEN PORT, FL 33897 OC

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: SHAUN GAPP

Electronic Signature of Signing Officer or Director

V.P

04/05/2008

Date