

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000060773

**FILED**  
**May 12, 2011**  
**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:**

TIGER TOOTH TAX CONSULTING INC  
4606 CLYDE MORRIS BLVD STE 2P  
PORT ORANGE, FL 32129 US

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

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

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

I hereby 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 all other like empowered.

**SIGNATURE:** SHAUN TREVOR GAPP

DVS

05/12/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date