


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90061 039 ***150.00

DOCUMENT # P04000072747	
1. Entity Name D R S PROPERTY INVESTMENTS, INC.	

Principal Place of Business 15736 MUIRFIELD DRIVE ODESSA, FL 33556 US	Mailing Address 15736 MUIRFIELD DRIVE ODESSA, FL 33556 US
---	---

2. Principal Place of Business - No P.O. Box # 4200 MAYFAIR LANE	3. Mailing Address 4200 MAYFAIR LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State PORT ORANGE, FL	City & State PORT ORANGE, FL
Zip 32129	Zip 32129
Country USA	Country USA

40000-



03062007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent STONE, RODNEY W 15736 MUIRFIELD DRIVE ODESSA, FL 33556	
--	--

7. Name and Address of New Registered Agent	
Name STONE, RODNEY W	
Street Address (P.O. Box Number is Not Acceptable) 4200 MAYFAIR LANE	
City PORT ORANGE	Zip Code FL 32129

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: Rodney W. Stone	DATE: 3/12/07

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STONE, RODNEY W 15736 MUIRFIELD DRIVE ODESSA, FL 33556 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> 4200 MAYFAIR LANE PORT ORANGE, FL 32129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STONE, DENISE L 15736 MUIRFIELD DRIVE ODESSA, FL 33556 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> 4200 MAYFAIR LANE PORT ORANGE, FL 32129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STOVE, BENJAMIN J 2424 OLD VILLAGE WAY OLDSMAR, FL 34677 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Rodney W. Stone	DATE: 3/12/07