

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90049 034 ***158.75

DOCUMENT # P04000073904

1. Entity Name

DSD PROPERTY MANAGEMENT, INC.



Principal Place of Business
**6635 WILLOW PARK DRIVE
NAPLES, FL 34109**

Mailing Address
**6635 WILLOW PARK DRIVE
NAPLES, FL 34109**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01122005

Chg-P

CR2E034 (10/03)

4. FEI Number

02-0722544

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DEANGELIS, JOHN M
6635 WILLOW PARK DRIVE
NAPLES, FL 34109**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	DEANGELIS, JOHN M	
STREET ADDRESS	2316 HARRIER RUN	
CITY-ST-ZIP	NAPLES, FL 34105	
TITLE	SVD	<input type="checkbox"/> Delete
NAME	DIAMOND, DAVID B	
STREET ADDRESS	28650 ALTESSA WAY NO. 201	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	
TITLE	TD	<input type="checkbox"/> Delete
NAME	STARLING, HEYWARD B	
STREET ADDRESS	10090 VALIANT COURT NO. 201	
CITY-ST-ZIP	MIRPMAR LAKES, FL 33913	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/05

Date

239-594-1994

Daytime Phone #