


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90395 014 \*\*\*158.75

<b>DOCUMENT # P04000073904</b>	
1. Entity Name <b>DSD PROPERTY MANAGEMENT, INC.</b>	

Principal Place of Business <b>5475 LEE ST LEHIGH ACRES, FL 33971</b>	Mailing Address <b>6635 WILLOW PARK DRIVE NAPLES, FL 34109</b>
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2. Principal Place of Business - No P.O. Box # <b>5580 8th Street West</b>	3. Mailing Address <b>5580 8th Street West</b>
Suite, Apt. #, etc. <b>Suite 617</b>	Suite, Apt. #, etc. <b>Suite 617</b>
City & State <b>Lehigh Acres, FL</b>	City & State <b>Lehigh Acres, FL</b>
Zip <b>33971</b>	Country <b>USA</b>

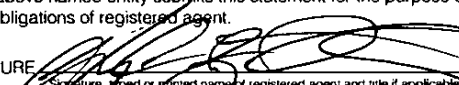
**40087813**



04252007 Chg-P CR2E034 (12/06)

4. FEI Number <b>02-0722544</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>DEANGELIS, JOHN M 6635 WILLOW PARK DRIVE NAPLES, FL 34109</b>		
7. Name and Address of New Registered Agent Name <b>Heyward Starlings</b> Street Address (P.O. Box Number is Not Acceptable) <b>5580 8th Street West</b> <b>Suite 617</b> City <b>Lehigh Acres</b> <b>FL</b> Zip Code <b>33971</b>		

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  **Heyward Starlings, President** 4/26/07  
(NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T DEANGELIS, JOHN M 2316 HARRIER RUN NAPLES, FL 34105</b> <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	<b>SVD DIAMOND, DAVID B 28650 ALTESSA WAY NO. 201 BONITA SPRINGS, FL 34135</b> <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	<b>P STARLING, HEYWARD B 10090 VALIANT COURT NO. 201 MIRPMAR LAKES, FL 33913</b> <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
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:  **Heyward Starlings** 4/26/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #