2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000073904

Entity Name

DSD PROPERTY MANAGEMENT, INC.



FILED Apr 30, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

5580 8TH STREET WEST

5580 8TH STREET WEST

SUITE 6&7 SUITE 6&7 LEHIGH ACRES, FL 33971 LEHIGH AC

LEHIGH ACRES, FL 33971



DO NOT WRITE IN THIS SPACE

04242008 No Chg-P CR2E034 (11/05)

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

STARLING, HEYWARD 5580 8TH STREET WEST SUITE 6&7 LEHIGH ACRES, FL 33971

DO NOT WRITE IN THIS SPACE

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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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature. Imped or printed name of registered agent and title ii applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Election Campaign Finance Trust Fund Contribution.	cing 🔲	\$5.00 May Be Added to Fees	U00000938341 05/27/08-80087-013 158.75
10. OFFICERS AND DIRECTORS					
NAME STREET ADDRESS CITY-ST-ZIP	T DEANGELIS, JOHN M 2316 HARRIER RUN NAPLES, FL 34105				
TITLE NAME STREET ADDRESS GUY-ST-ZIP	SVD DIAMOND, DAVID B 28650 ALTESSA WAY NO. 201 BONITA SPRINGS, FL 34135				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STARLING, HEYWARD B 10090 VALIANT COURT NO. 201 MIRPMAR LAKES, FL 33913		DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		1	IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS					

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

SIGNATURE:

CITY-ST-ZIP

SIGNATORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daylime Phone #