


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000134059		
1. Entity Name D & S MANAGEMENT SERVICES OF CITRUS, INC.		
Principal Place of Business 239 W. CLIFTON PLACE BEVERLY HILLS, FL 34465	Mailing Address 239 W. CLIFTON PLACE BEVERLY HILLS, FL 34465	
DO NOT WRITE IN THIS SPACE		
5. Name and Address of Current Registered Agent DAVIDSON, FRED 239 W. CLIFTON PLACE BEVERLY HILLS, FL 34465		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when renouncing)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP DAVIDSON, FRED 239 W. CLIFTON PLACE BEVERLY HILLS, FL 34465	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS DAVIDSON, SAUNDRA 239 W. CLIFTON PLACE BEVERLY HILLS, FL 34465	
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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 807, 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: <u>Saundra Davidson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		3-9-06 352-249-3180 <small>Date Daytime Phone #</small>



03092006 No Chg-P CR2E034 (11/05)

4. FEI Number 11-3711004	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

U00000470372
03/29/06-80011-010 150.00

**DO NOT WRITE
IN THIS SPACE**