


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90066 029 ***150.00

DOCUMENT # P06000084124	
1. Entity Name MS D'S PLACE, INC.	

Principal Place of Business 12 CARRY BACK ROAD OCALA, FL 34482	Mailing Address 12 CARRY BACK ROAD OCALA, FL 34482
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2. Principal Place of Business - No P.O. Box # 2500 W Hwy 329 Suite, Apt. #, etc.	3. Mailing Address 2500 W Hwy 329 Suite, Apt. #, etc.
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City & State Citra FL	City & State Citra FL
Zip 32113	Zip 32113
Country	Country

40074496



04112007 Chg-P CR2E034 (12/06)

4. FEI Number 76-0831454	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WARD, KENNETH 12 CARRY BACK ROAD OCALA, FL 34482	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2500 W Hwy 329 City Citra FL FL Zip Code 32113
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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 Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARD, CYNTHIA 12 CARRY BACK ROAD OCALA, FL 34482 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2500 W Hwy 329 Citra FL 32113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARD, KENNETH 12 CARRY BACK ROAD OCALA, FL 34482 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2500 W Hwy 329 Citra FL 32113
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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 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: 	4/20/07	352 873 2381
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #