

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000133708

Entity Name: DS PRODUCTIONS, INC.

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

2396 MID PINE CT
OVIEDO, FL 32765

New Principal Place of Business:

Current Mailing Address:

2396 MID PINE CT
OVIEDO, FL 32765

New Mailing Address:

FEI Number: 20-5779111

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMPBELL, RONNIE
12688 WATERHAVEN CIRCLE
ORLANDO, FL 32828 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CAMPBELL, RONNIE
Address: 12688 WATERHAVEN CR
City-St-Zip: ORLANDO, FL 32828

Title: D () Delete
Name: BLOOMFIELD, PATRECE
Address: 321 MEADOW BEAUTY TERRACE
City-St-Zip: SANFORD, FL 32771

Title: D () Delete
Name: NESBIT, JEANINE
Address: 2457 WINFIELD DR
City-St-Zip: KISSIMMEE, FL 34743

Title: D () Delete
Name: WATKINS, MICHAEL
Address: 2396 MID PINE CT
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL WATKINS

D

04/29/2009

Electronic Signature of Signing Officer or Director

Date