



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000034116</b>	
1. Entity Name D D S K, INC.	

Principal Place of Business 7260 GROVER CLEVELAND BLVD HOMOSASSA, FL 34448	Mailing Address P O BOX 580 HOMOSASSA SPRINGS, FL 34447
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DO NOT WRITE IN THIS SPACE

	
03242008	No Chg-P CR2E034 (11/05)
4. FEI Number 59-3376743	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  SWEET, PATTY A 3856 W OAKLAWN STREET LECANTO, FL 34461
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS SWEET, PATTY A P O BOX 580 HOMOSASSA SPRINGS, FL 34447
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT SWEET, DONALD D II P O BOX 580 HOMOSASSA SPRINGS, FL 34447
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04/15/08-80086-014 150.00

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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: 	3/26/08	352-212-4071
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>