


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 25, 2007 8:00 am**  
**Secretary of State**

01-25-2007 90046 027 \*\*\*150.00

**DOCUMENT # 381523**

1. Entity Name  
**DENTON ADVERTISING, INC.**



Principal Place of Business  
**3817 W HUMPHREY AVE #202**  
**TAMPA, FL 33614**

Mailing Address  
**3817 W HUMPHREY AVE #202**  
**TAMPA, FL 33614**

**40005250**

2. Principal Place of Business - No P.O. Box #  
**410 S. Cedar Ave**

3. Mailing Address  
**410 S. Cedar Ave**

Suite, Apt. #, etc.



01182007 Chg-P CR2E034 (12/06)

City & State  
**TAMPA, FL**

City & State  
**TAMPA, FL**

Zip  
**33606**

Country

4. FEI Number  
**59-1352442**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**COMMESSO, BARBARA A.**  
**3817 W HUMPHREY AVE #202**  
**TAMPA FLORIDA, FL 33614**

7. Name and Address of New Registered Agent

Name  
**Comnesso, Barbara A**

Street Address (P.O. Box Number is Not Acceptable)  
**410 S. Cedar Ave**

City  
**TAMPA**

FL Zip Code  
**33606**

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: *Barbara Comnesso - President* DATE: 1/18/07

(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES COMMESSO, BARBARA A 3817 W. HUMPHREY AVE. #202 TAMPA, FL 33614	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COMMESSO, JOSEPH L 3817 W. HUMPHREY ST. #202 TAMPA, FL 33614	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres Comnesso, Barbara A 410 S. Cedar Ave TAMPA, FL. 33606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Comnesso, Joseph L 410 S. cedar Ave TAMPA, FL 33606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Barbara Comnesso President* DATE: 1/18/07 813-933-1810

(Signature and typed or printed name of signing officer or director Daytime Phone #)