


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90039 027 ***150.00

DOCUMENT # 510161
 1. Entity Name
DENTON PROPERTIES, INC.



Principal Place of Business
 9010 58TH DRIVE EAST
 SUITE 100
 BRADENTON FL 34202

Mailing Address
 9010 58TH DRIVE EAST
 SUITE 100
 BRADENTON FL 34202



2. Principal Place of Business - No P.O. Box #
8615 Bayshore Rd
 Suite, Apt. #, etc.
LOT # 5

3. Mailing Address
1180 8th Ave West
 Suite, Apt. #, etc.
509

1st MOORE CR2E034 (10/06)

City & State
Palmetto FL

City & State
Palmetto FL

Zip
34221

Country
Manatee

Zip
34221

Country
manatee

4. FEI Number **59-1859201** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
DENTON, JOHN M.
9010 58TH DRIVE EAST
SUITE 100
BRADENTON FL 34202

7. Name and Address of New Registered Agent
 Name **DENTON, JOHN M.**
 Street Address (P.O. Box Number is Not Acceptable)
8615 BAYSHORE RD
LOT # 5
 City **Palmetto FL** Zip Code **34221**

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 _____ DATE _____
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
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP DENTON, JOHN M 9010 58TH DRIVE EAST STE 100 BRADENTON FL 34202	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STV DENTON, JOHN M 9010 58TH DRIVE EAST STE 100 BRADENTON FL 34202	<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
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8615 Bayshore Rd. Lot#5 Palmetto FL 34221
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8615 Bayshore Rd. lot#5 Palmetto FL 34221
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 Section 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: *John M. Denton*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **1/30/07** Daytime Phone #: **1941 745 0333**