


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 658227	
1. Entity Name DENTON GROVES, INC.	

Principal Place of Business 220 JANEWAY GREENWOOD, SC 29649	Mailing Address 220 JANEWAY % R.T. NELSON III GREENWOOD, SC 29649
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01082006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1981139	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

NELSON, DAVID D
1538 STEVENS LOOP RD
BABSON PARK, FL 33827

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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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NELSON, FLORENCE D. 1110 MARSHALL ROAD GREENWOOD, SC 29646
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD NELSON, R. THOMAS III 220 JANEWAY GREENWOOD, SC 29646
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PELEGRIN, MARY E N. 5860 DEEPWOOD TRAIL OLON, OH 44139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NELSON, DAVID D. 1538 STEVENS LOOP ROAD BABSON PARK, FL 33827
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. 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.

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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: R. Thomas Nelson III R. THOMAS NELSON III 1-11-06 864.554.5257

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #