


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 |
|---|--|

DO NOT WRITE IN THIS SPACE



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

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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 | 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. **DO NOT WRITE IN THIS SPACE**

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 01/19/06-80069-015 150.00

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 #