## 2007 FOR PROFIT CORPORATION

## **ANNUAL REPORT** FILED. Jan 09, 2007 08:00 A Secretary of State **DOCUMENT # 658227** 1. Entity Name DENTON GROVES. INC. Principal Place of Business Mailing Address 220 JANEWAY 220 JANEWAY % R.T. NELSON III GREENWOOD, SC 29649 GREENWOOD, SC 29649 CR2E034 (11/05) 01032007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 59-1981139 \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DO NOT WRITE NELSON, DAVID D 1538 STEVENS LOOP RD BABSON PARK, FL 33827 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00. May Be - FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PD TITLE NAME NELSON, FLORENCE D. STREET ADDRESS 1110 MARSHALL ROAD GREENWOOD, SC 29646 CITY-ST-71P TITLE U00000579462 01/10/07-80008-008 150.00 NAME NELSON, R. THOMAS III STREET ADDRESS 220 JANEWAY GREENWOOD, SC 29646 CITY-ST-7IP VPD TITLE PELEGRIN, MARY E N. NAMÉ STREET ADDRESS **5860 DEEPWOOD TRAIL** DO NOT WRITE CITY-ST-7IP SOLON, OH 44139 IN THIS SPACE TITLE NELSON, DAVID D. 1538 STEVENS LOOP ROAD STREET ADDRESS CITY-ST-ZIP BABSON PARK, FL 33827 TITLE NAME STREET ADDRESS

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 eath; 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

L. Thomas Seleon The

CITY-ST-ZIP

NAME STREET ADDRESS

R. THOMAS NELSON, IF 1-4-07 864.554,5257