2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 658227

Title:

Title:

Name:

Address: City-St-Zip: VPD

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PELEGRIN, MARY E N.

SOLON, OH 44139

5860 DEEPWOOD TRAIL

FILED Jan 15, 2009 Secretary of State

Entity Nan	ne: DENTON	GROVES, INC.			
Current Pr	incipal Place o	of Business:	New Principal Place of Business:		
220 JANEV GREENWO	VAY DOD, SC 29649	9			
Current Mailing Address:			New Mailing Address:		
220 JANEV % R.T. NEI GREENWO)			
FEI Number: 59-1981139 FEI Number Applied For ()			FEI Number Not Applicable () Certificate of Status Desired ()		Desired ()
Name and	Address of Cu	rrent Registered Agent:	Name and	Address of New Registered Ag	ent:
BABSON P	ENS LOOP REPARK, FL 3382 named entity su	7 US	urpose of changing i	ts registered office or registered aલ્	gent, or both,
SIGNATUR	RE:				
Electronic Signature of Registered Agen			nt	Date	
Election Carr	npaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD ()[NELSON, FLORE 1110 MARSHALL GREENWOOD, \$	ROAD	Title: Name: Address: City-St-Zip:	PD (X) Change () Addition NELSON, FLORENCE D 1110 MARSHALL ROAD GREENWOOD, SC 29646	
Title: Name: Address: City-St-Zip:	STD () ENELSON, R. THO 220 JANEWAY GREENWOOD. S		Title: Name: Address: City-St-Zip:	STD (X) Change () Addition NELSON, III, R. THOM, AS 220 JANEWAY GREENWOOD, SC 29646	

Name: NELSON, DAVÍD D.,
Address: 1538 STEVENS LOOP ROAD
City-St-Zip: BABSON PARK, FL 33827

Name: NELSON, DAVÍD D
Address: 1538 STEVENS LOOP ROAD
City-St-Zip: BABSON PARK, FL 33827

City-St-Zip: BABSON PARK, FL 33827

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Title:

Name:

Address:

City-St-Zip:

VD

SIGNATURE: R. THOMAS NELSON, III MR. 01/15/2009

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