


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90134 017 ***150.00

DOCUMENT # J45440 1. Entity Name DENTON PROPERTY, INC.			
Principal Place of Business 690 ALAMA AVE (ALOMA) #203 WINTER PARK, FL 32789 US		Mailing Address 690 ALAMA AVE (ALOMA) #203 WINTER PARK, FL 32789 US	
2. Principal Place of Business - No P.O. Box # 690 OSCEOLA AV. Suite, Apt. #, etc. #203 City & State WINTER PARK, FL Zip 32789 Country US		3. Mailing Address 690 OSCEOLA AV. Suite, Apt. #, etc. #203 City & State WINTER PARK, FL Zip 32789 Country U.S.	
4. FEI Number 59-2745170		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DENTON, JACQUELINE J. 690 ALAMA AVE. #203 690 OSCEOLA AV. #203 WINTER PARK, FL 32789		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 690 OSCEOLA AV. #203 City FL Zip Code 32789	
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 <u><i>Jacqueline J. Denton</i></u> DATE <u>3-21-2007</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME DENTON, JACQUELINE J. STREET ADDRESS 690 ALAMA AVE. #203 CITY-ST-ZIP WINTER PARK, FL 32789	<input type="checkbox"/> Delete	TITLE PD NAME DENTON, JACQUELINE J. STREET ADDRESS 690 OSCEOLA AVE #203 CITY-ST-ZIP WINTER PARK, FL 32789	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE STD NAME DENTON, ROBERT J STREET ADDRESS 690 ALAMA AVE. #203 CITY-ST-ZIP WINTER PARK, FL 32789	<input type="checkbox"/> Delete	TITLE STD NAME DENTON, J. ROBERT STREET ADDRESS 690 OSCEOLA AV #203 CITY-ST-ZIP WINTER PARK, FL 32789	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 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: <u><i>Jacqueline J. Denton</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>3-21-2007</u> Daytime Phone # <u>407-740-0906</u>	