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FILED
May 04, 2006 8:00 am
Secretary of State
04-19-2006 90105 007 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000017903

1. Entity Name
DETNY ENTERPRISES, INC.

66014428

Principal Place of Business	Mailing Address
222 N. SPARKMAN AVENUE ORANGE CITY, FL 32763	222 N. SPARKMAN AVENUE ORANGE CITY, FL 32763

04152006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
221 N Sparkman Ave	221 N. Sparkman Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orange City, FL	City & State: Orange City, FL
Zip: 32763 Country: Volusia	Zip: 32763 Country:

4. FEI Number 20-2475227 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAMPTON, GEORGE E
222 N. SPARKMAN AVENUE
ORANGE CITY, FL 32763

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 221 N Sparkman Ave
City Orange City FL Zip Code 32763

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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (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. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD HAMPTON, GEORGE E 222 N. SPARKMAN AVENUE ORANGE CITY, FL 32763	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	221 N Sparkman Ave	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: George E. Hampton 4/25/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #