2006 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 03, 2006 8:00 am
Secretary of State
03-03-2006 90095 047 ***150.00

DOCUMENT # P05000040514

1. Entity Name
DENKENRICK, INC.

Principal Place of Business	Mailing Address
~~2000 TARPON ROAD~~ ~~NAPLES, FL 34102 US~~	~~2000 TARPON ROAD~~ ~~NAPLES, FL 34102 US~~

66UU6420

01242006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
1975 Frederick Street	1975 Frederick Street
Suite, Apt. #, etc.: n/a	Suite, Apt. #, etc.: n/a
City & State: Naples, Florida	City & State: Naples, Florida
Zip: 34112 Country: USA	Zip: 34112 Country: USA

4. FEI Number: 16-1719785 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MABE-BOURDON, DENISE ~~2000 TARPON ROAD~~ ~~NAPLES, FL 34102~~	Name Street Address (P.O. Box Number is Not Acceptable): 1975 Frederick Street City: Naples, FL Zip Code: 34112

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	P MABE-BOURDON, DENISE 2000 TARPON ROAD NAPLES, FL 34102	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MABE, KENNETH 2000 TARPON ROAD NAPLES, FL 34102	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BOURDON, RICHARD 2000 TARPON ROAD NAPLES, FL 34102	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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: Denise Mabe BP 3-1-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #