




2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 13, 2007 8:00 am
Secretary of State

08-13-2007 90022 027 ***558.75

DOCUMENT # P05000124549			
1. Entity Name DENHAM ENGINEERING, INC.			
Principal Place of Business 5026 HIDDEN SPRINGS BLVD ORLANDO FL 32819		Mailing Address 5026 HIDDEN SPRINGS BLVD ORLANDO FL 32819	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
 James Denham 2670 Eagle Lake Dr. Clermont, FL 34711-6269		 James Denham 2670 Eagle Lake Dr. Clermont, FL 34711-6269	
Zip	Country	Zip	Country
4. FEI Number 20-3432330		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent DENHAM, JAMES B 5026 HIDDEN SPRINGS BLVD ORLANDO FL 32819		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$550.00 DUE BY September 5, 2007 Make Check Payable to Florida Department of State		S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>	
10. OFFICERS AND DIRECTORS		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
P DENHAM, JAMES B 5026 HIDDEN SPRINGS BLVD ORLANDO FL 32819		Change Addition	
Delete		Change Addition	
Delete		Change Addition	
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Delete		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:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/17/07

Date

Daytime Phone #