


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000018880
 1. Entity Name
DENVERN, INC.



Principal Place of Business Mailing Address
5 WEST AVE. A **5 WEST AVE. A**
BELLE GLADE FL 33430 **BELLE GLADE FL 33430**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E034 (10/05)
 4. FEI Number Applied For
65-0652073 Not Applicable

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

6. Name and Address of Current Registered Agent
MCCARTHY, DENNIS
5 WEST AVE. A
BELLE GLADE FL 33430

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) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be Added to Fees
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	DEXTER, VERNON	
STREET ADDRESS	5 WEST AVE. A	
CITY-ST-ZIP	BELLE GLADE FL 33430	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MCCARTHY, DENNIS	
STREET ADDRESS	5 WEST AVE. A	
CITY-ST-ZIP	BELLE GLADE FL 33430	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DEXTER, JEANNETTE	
STREET ADDRESS	5 WEST AVE. A	
CITY-ST-ZIP	BELLE GLADE FL 33430	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MCCARTHY, KAREN	
STREET ADDRESS	5 WEST AVE. A	
CITY-ST-ZIP	BELLE GLADE FL 33430	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

U00000460149
 03/18/06-80061-016 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Karen McCarthy 1-30-06 561-996-3046