


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 14, 2008 8:00 am**  
**Secretary of State**

05-14-2008 90014 008 \*\*\*150.00

DOCUMENT # P96000018880	
1. Entity Name DENVERN, INC.	

Principal Place of Business 5 WEST AVE. A BELLE GLADE, FL 33430	Mailing Address 5 WEST AVE. A BELLE GLADE, FL 33430
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DO NOT WRITE IN THIS SPACE



04182008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0652073	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

MCCARTHY, DENNIS  
 5 WEST AVE. A  
 BELLE GLADE, FL 33430

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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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DEXTER, VERNON 5 WEST AVE. A BELLE GLADE, FL 33430
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MCCARTHY, DENNIS 5 WEST AVE. A BELLE GLADE, FL 33430
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD DEXTER, JEANNETTE 5 WEST AVE. A BELLE GLADE, FL 33430
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD MCCARTHY, KAREN 5 WEST AVE. A BELLE GLADE, FL 33430
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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:** Dennis McCarthy 561-996-3046

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #