


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2007 08:00 A
Secretary of State

DOCUMENT # P97000102864 1. Entity Name DENBOK, INC.	
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Principal Place of Business 4559 OLD WINTER GARDEN RD. ORLANDO, FL 32811	Mailing Address P.O. BOX 555367 ORLANDO, FL 32855-5367
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DO NOT WRITE IN THIS SPACE



02192007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3489679	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BRADFORD, CARTER A 130 HILLCREST STREET ORLANDO, FL 32801

**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DENBESTEN, MERLE 4559 OLD WINTER GARDEN RD. ORLANDO, FL 32811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BOKHOVEN, MELVIN 1320 GRESHAM RD. MARIETTA, GA 30062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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03/23/07-80056-006 150.00

**DO NOT WRITE
IN THIS SPACE**

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 Merle DenBesten 3/19/07 407 895-2020

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