


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # 216027			
1. Entity Name NAVAJO GROVES INC			
Principal Place of Business 2496 S.KINGS HWY. FT PIERCE FL 34945		Mailing Address 2496 S.KINGS HWY. FT PIERCE FL 34945	
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 (10/04)

4. FEI Number **59-6066807** 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	
WOLF, WILLIAM L. 2496 S KINGS HWY FORT PIERCE FL 34945		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 terminating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May 1
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	TITLE	
NAME	NOELKE, MARGARET S	NAME	
STREET ADDRESS	1300 HARTMAN RD.	STREET ADDRESS	
CITY- ST- ZIP	FORT PIERCE FL	CITY- ST- ZIP	
TITLE	PD	TITLE	
NAME	FORGET, LOUIS C	NAME	
STREET ADDRESS	7887 OKEECHOBEE RD.	STREET ADDRESS	
CITY- ST- ZIP	FORT PIERCE FL	CITY- ST- ZIP	
TITLE	STD	TITLE	
NAME	WOLF, WILLIAM L	NAME	
STREET ADDRESS	2496 S KINGS HWY	STREET ADDRESS	
CITY- ST- ZIP	FORT PIERCE FL	CITY- ST- ZIP	
TITLE	VD	TITLE	
NAME	DRISCOLL, DOROTHY G.	NAME	
STREET ADDRESS	1011 GRANDVIEW BLVD.	STREET ADDRESS	
CITY- ST- ZIP	FORT PIERCE FL	CITY- ST- ZIP	
TITLE	D	TITLE	
NAME	ARNOLD, JULI	NAME	
STREET ADDRESS	7101 INDIAN RIVER DRIVE	STREET ADDRESS	
CITY- ST- ZIP	FORT PIERCE FL	CITY- ST- ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	

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01/24/05-80118-006 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 changed, or on an attachment with an address, with all other like empowered

SIGNATURE: *William L. Wolf* **WOLF, WILLIAM L. WOLF** **STO** **1/20/05** **772-461-3105**