

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90054 046 ***150.00

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

NAVAJO GROVES INC
Suite, Apt. #, etc.
2718 PLACID AVE
City & State
FT. PIERCE, FL
Zip
34982
Country
USA

3. Mailing Address

NAVAJO GROVES INC
Suite, Apt. #, etc.
2718 PLACID AVE.
City & State
FT. PIERCE, FL
Zip
34982
Country
USA

1st MOORE

CR2E034 (10/05)

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

WOLF, WILLIAM L.
2496 S KINGS HWY
FORT PIERCE FL 34945

7. Name and Address of New Registered Agent

Name
WOLF, WILLIAM L.
Street Address (P.O. Box Number is Not Acceptable)
2718 PLACID AVE.
City
FT. PIERCE
FL
Zip Code
34982

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 WILLIAM L. WOLF 3/T/D William L. Wolf 2/8/06
Signature, typed or printed name of registered agent and title if applicable. (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

Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	NOELKE, MARGARET S	
STREET ADDRESS	1300 HARTMAN RD.	
CITY-ST-ZIP	FORT PIERCE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	FORGET, LOUIS C	
STREET ADDRESS	7887 OKEECHOBEE RD.	
CITY-ST-ZIP	FORT PIERCE FL	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	WOLF, WILLIAM L	
STREET ADDRESS	2496 S KINGS HWY	
CITY-ST-ZIP	FORT PIERCE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DRISCOLL, DOROTHY G.	
STREET ADDRESS	1011 GRANDVIEW BLVD.	
CITY-ST-ZIP	FORT PIERCE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ARNOLD, JULI	
STREET ADDRESS	7101 INDIAN RIVER DRIVE	
CITY-ST-ZIP	FORT PIERCE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLF, WILLIAM L.	
STREET ADDRESS	2719 PLACID AVE	
CITY-ST-ZIP	FT. PIERCE, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: WILLIAM L. WOLF STD 2/8/06 772-461-3108
SIGNATURE AND TITLED TO PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #