

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # 216027

1. Entity Name

NAVAJO GROVES INC

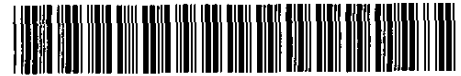


Principal Place of Business

NAVA JO GROVES, INC.
2718 PLACID AVE
FORT PIERCE FL 34982

Mailing Address

NAVA JO GROVES, INC.
2718 PLACID AVE
FORT PIERCE FL 34982



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

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.
2718 PLACID AVE
FORT PIERCE FL 34982

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

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, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D NOELKE, MARGARET S 1300 HARTMAN RD. FORT PIERCE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD FORGET, LOUIS C 7887 OKEECHOBEE RD. FORT PIERCE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	STD WOLF, WILLIAM L 2719 PLACID AVE FORT PIERCE FL 34982	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VD DRISCOLL, DOROTHY G. 1011 GRANDVIEW BLVD. FORT PIERCE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D ARNOLD, JULI 7101 INDIAN RIVER DRIVE FORT PIERCE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
	1100000032021 02/21/07-80038-005 150.00
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition

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

2/9/07

772-461-3108