

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 236603

FILED  
Mar 23, 2007  
Secretary of State

Entity Name: NOKOMIS GROVES INC

## Current Principal Place of Business:

111 S. ALBEE FARMS RD.  
NOKOMIS, FL 34275

## New Principal Place of Business:

## Current Mailing Address:

111 S. ALBEE FARMS RD.  
NOKOMIS, FL 34275

## New Mailing Address:

FEI Number: 59-0921626

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KEMERER, BRENDA S H  
111 S ALBEE FARMS ROAD  
NOKOMIS, FL 34275 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: LEACH, NADINE HENDER, SON  
Address: 111 S ALBEE FARMS ROAD  
City-St-Zip: NOKOMIS, FL

Title: V ( ) Delete  
Name: FISCHER, LINDA C  
Address: 111 S. ALBEE FARM ROAD  
City-St-Zip: NOKOMIS, FL

Title: VST ( ) Delete  
Name: KEMERER, BRENDA S H,  
Address: 111 S ALBEE FARMS RD  
City-St-Zip: NOKOMIS, FL

Title: V ( ) Delete  
Name: HENDERSON, KIRK,  
Address: 111 S. ALBEE FARMS RD.  
City-St-Zip: NOKOMIS, FL

Title: V ( ) Delete  
Name: PAL, JOANNA,  
Address: 111 S. ALBEE FARMS RD.  
City-St-Zip: NOKOMIS, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRENDA S H KEMERER

VST

03/23/2007

Electronic Signature of Signing Officer or Director

Date