2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2009
Secretary of State

DOCUMENT# 236603

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. ALBEC 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

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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:

Title: V ( ) Change (X) Addition
Name: HENDERSON, LAURA,
Address: 111 S. ALBEE FARM RD.
City-St-Zip: NOKOMIS, FL 34275

I hereby certify that the information supplied with this filing does not qualify 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 KEMERER VP 01/13/2009

Electronic Signature of Signing Officer or Director — Date