

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 395710

Entity Name: WESCOTT GROVES, INC.

FILED
Feb 18, 2009
Secretary of State

Current Principal Place of Business:

P O BOX 2457
FORT PIERCE, FL 349549457

New Principal Place of Business:

650 N ROCK ROAD
FT PIERCE, FL 34945 US

Current Mailing Address:

P O BOX 2457
FORT PIERCE, FL 349549457

New Mailing Address:

P O BOX 2457
FT PIERCE, FL 349549457 US

FEI Number: 59-1378736

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCOTT, KENNETH T
650 N. ROCK ROAD
FT. PIERCE, FL 34945 US

Name and Address of New Registered Agent:

FOWLER, MICHAEL D
650 N. ROCK ROAD
FT. PIERCE, FL 34945 US

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: MICHAEL D. FOWLER

02/18/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: SCOTT, KENNETH T.,
Address: P O BOX 2457
City-St-Zip: FORT PIERCE, FL 349549457

Title: VD () Delete
Name: SCOTT, WAYNE A.,
Address: P O BOX 2457
City-St-Zip: FORT PIERCE, FL 349549457

Title: PD () Delete
Name: SCOTT, DAN C.,
Address: P O BOX 2457
City-St-Zip: FORT PIERCE, FL 349549457

Title: TD () Delete
Name: SCOTT, ALFRED W.,
Address: 365 NIEUPORT DRIVE
City-St-Zip: VERO BEACH, 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: TD (X) Change () Addition
Name: SCOTT, ALFRED W.,
Address: P O BOX 2457
City-St-Zip: FT PIERCE, FL 34954 US

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: KENNETH T. SCOTT

SD

02/18/2009

Electronic Signature of Signing Officer or Director

Date