

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 395710

FILED  
Jan 05, 2011  
Secretary of State

Entity Name: WESCOTT GROVES, INC.

**Current Principal Place of Business:**

650 N ROCK ROAD  
FT PIERCE, FL 34945 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 2457  
FT PIERCE, FL 349549457 US

**New Mailing Address:**

FEI Number: 59-1378736

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

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

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

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

Title: TD  
Name: SCOTT, ALFRED W.  
Address: P O BOX 2457  
City-St-Zip: FT PIERCE, FL 34954 US

I hereby 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 all other like empowered.

SIGNATURE: KENNETH T. SCOTT

SD

01/05/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date