


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 08:00 AM
Secretary of State

DOCUMENT # 691669 1. Entity Name NOEL GROVES, INC.	
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Principal Place of Business 1300 HARTMAN RD. FT PIERCE, FL 34947	Mailing Address 1300 HARTMAN RD. FT PIERCE, FL 34947..
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DO NOT WRITE IN THIS SPACE



03022004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2402909	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NOELKE, DENNIS J
1300 HARTMAN RD
FT PIERCE, FL 34947

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

000000101485
 04/02/04-80014-024 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BAIRD, KATHRYN N 2871 HAWTHORNE DR NE ATLANTA, GA 30345
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NOELKE, DENNIS J 1650 BELL AVE. FT PIERCE, FL 34982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BECHT, BEVERLY N. 4485 LAKE IVANHOE DR. TUCKER, GA 300842728
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOELKE, CHARLES J 16 PERTH DR WILMINGTON, DE 198032627
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NOELKE, JOSEPH H JR. 2504 GRAY TWIG LANE FORT PIERCE, FL 34981
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  President Date: 30 Mar 04 772 461-2560
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #