
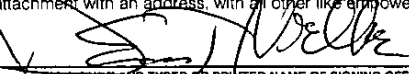


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90106 043 ***150.00

DOCUMENT # 691669					
1. Entity Name NOEL GROVES, INC.					
Principal Place of Business 1300 HARTMAN RD. FT PIERCE, FL 34947			Mailing Address 1300 HARTMAN RD. FT PIERCE, FL 34947		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
03172005			Chg-P		CR2E034 (10/03)
4. FEI Number 59-2402909				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NOELKE, DENNIS J 1300 HARTMAN RD FT PIERCE, FL 34947			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BAIRD, KATHRYN N		NAME		
STREET ADDRESS	2871 HAWTHORNE DR NE		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA, GA 30345		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NOELKE, DENNIS J		NAME		
STREET ADDRESS	1650 BELL AVE.		STREET ADDRESS		
CITY-ST-ZIP	FT PIERCE, FL 34982		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BECHT, BEVERLY N.		NAME		
STREET ADDRESS	4485 LAKE IVANHOE DR.		STREET ADDRESS		
CITY-ST-ZIP	TUCKER, GA 300842728		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NOELKE, CHARLES J		NAME		
STREET ADDRESS	16 PERTH DR		STREET ADDRESS		
CITY-ST-ZIP	WILMINGTON, DE 198032627		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NOELKE, JOSEPH H JR.		NAME		
STREET ADDRESS	2504 GRAY TWIG LANE		STREET ADDRESS		
CITY-ST-ZIP	FORT PIERCE, FL 34981		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 		Date: 3-30-05		Daytime Phone #: 772 2165105	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					