

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 16, 2006 08:00 AM**  
**Secretary of State**

**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**



02142006 No Chg-P CR2E034 (11/05)

4. FEI Number **59-2402909** Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE **TD**  
NAME **BAIRD, KATHRYN N**  
STREET ADDRESS **2871 HAWTHORNE DR NE**  
CITY-ST-ZIP **ATLANTA, GA 30345**

TITLE **PD**  
NAME **NOELKE, DENNIS J**  
STREET ADDRESS **1650 BELL AVE.**  
CITY-ST-ZIP **FT PIERCE, FL 34982**

TITLE **VD**  
NAME **BECHT, BEVERLY N.**  
STREET ADDRESS **4485 LAKE IVANHOE DR.**  
CITY-ST-ZIP **TUCKER, GA 300842728**

TITLE **D**  
NAME **NOELKE, CHARLES J**  
STREET ADDRESS **16 PERTH DR**  
CITY-ST-ZIP **WILMINGTON, DE 198032627**

TITLE **SD**  
NAME **NOELKE, JOSEPH H JR.**  
STREET ADDRESS **2504 GRAY TWIG LANE**  
CITY-ST-ZIP **FORT PIERCE, FL 34981**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1100000435874  
02/27/06-80009-014 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** **Dennis J. Noelke**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/14/2006** **772-461-2560**  
Date Daytime Phone #