2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 691669

Title:

Name:

Address:

City-St-Zip:

SD

() Delete

NOELKE, JOSEPH H JR.

2504 GRAY TWIG LANE

FORT PIERCE, FL 34981

Entity Name: NOEL GROVES, INC.

FILED Apr 07, 2009 Secretary of State

Littly Name: Noce GRoves, INC.					
Current Pr	incipal Place	of Business:	New Principal Place	of Business:	
1300 HART FT PIERCE					
Current Mailing Address:			New Mailing Address:		
1300 HART FT PIERCE					
FEI Number:	59-2402909	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	ırrent Registered Agent:	Name and Address o	lame and Address of New Registered Agent:	
NOELKE, D 1300 HART FT PIERCE	MAN RD	US			
The above in the State		ubmits this statement for the p	urpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	E:				
	Electroni	Signature of Registered Age	nt	Date	
Election Cam	paign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	TD () BAIRD, KATHRY 2871 HAWTHOR ATLANTA, GA 3	NE DR NE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PD () NOELKE, DENN 5305 DEER RUN FORT PIERCE,	I DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD () BECHT, BEVERI 4485 LAKE IVAN TUCKER, GA 30	HOE DR.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () NOELKE, CHAR 189 HUNTER TR SOUTHERN PIN	AIL	Title: Name: Address: City-St-Zip:	() Change () Addition	

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JOSEPH H. NOELKE JR. SD 04/07/2009

() Change () Addition