

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J37671

FILED  
Jan 11, 2009  
Secretary of State

Entity Name: GERONIMO GROVES, INC.

## Current Principal Place of Business:

2718 PLACID AVE  
GERONIMO GROVES, INC.  
FORT PIERCE, FL 34982

## New Principal Place of Business:

## Current Mailing Address:

2718 PLACID AVE  
GERONIMO GROVES, INC.  
FORT PIERCE, FL 34982

## New Mailing Address:

FEI Number: 59-2774086

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WOLF, WILLIAM L.  
2718 PLACID AVE  
FORT PIERCE, FL 34982 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: BAIRD, KATHRYN N.,  
Address: 2871 HAWTHORNE DR  
City-St-Zip: ATLANTA, GA

Title: D ( ) Delete  
Name: BECHT, BEVERLY N  
Address: 4485 LAKE IVANHOE DR  
City-St-Zip: TUCKER, GA

Title: D ( ) Delete  
Name: NOELKE, CHARLES J  
Address: 189 HUNTER TRL  
City-St-Zip: SOUTHERN PINES, NC 28387

Title: PD ( ) Delete  
Name: FORGET, LOUIS J  
Address: 3075 GORDY ROAD  
City-St-Zip: FT. PIERCE, FL

Title: VDP ( ) Delete  
Name: NOELKE, JOSEPH JR.,  
Address: 2504 GRAY TWIG LANE  
City-St-Zip: FT. PIERCE, FL

Title: STD ( ) Delete  
Name: WOLF, WILLIAM L.,  
Address: 2718 PLACID AVE  
City-St-Zip: FORT PIERCE, FL 34982

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: WILLIAM WOLF

SC/T

01/11/2009

Electronic Signature of Signing Officer or Director

Date