2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2012
Secretary of State

DOCUMENT# J37671

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 STD
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

OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM L. WOLF STD 02/11/2012

Electronic Signature of Signing Officer or Director — Date