


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2004 08:00 AM
Secretary of State

DOCUMENT # K35459 1. Entity Name COMANCHE GROVES, INC.	
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Principal Place of Business 1300 HARTMAN RD FT PIERCE, FL 34947-1406	Mailing Address 1300 HARTMAN RD FT PIERCE, FL 34947-1406
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01212004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0080008	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NOELKE, JOSEPH H. JR.
2504 GRAY TWIG LN
FT PIERCE, FL 34981

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00


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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAIRD, KATHRYN N. 2871 HAWTHORNE DR NE ATLANTA, GA 30345
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NOELKE, CHARLES J. 16 PERTH DR WILMINGTON, DE 198032627
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NOELKE, JOSPEH H., JR. 2504 GRAY TWIG LANE FT. PIERCE, FL 34981
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BECHT, BEVERLY N. 4485 LAKE IVANHOE DR. TUCKER, GA 300842728
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NOELKE, DENNIS J. 1650 BELL AVENUE FT. PIERCE, FL 34982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/01/04-80038-024 150.00

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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:  Dennis J. Noelke, President 2-26-04 772 461-2560

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone