
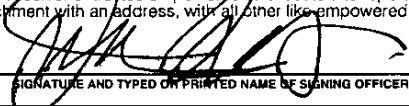


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 14, 2005 8:00 am**  
**Secretary of State**

04-14-2005 90106 048 \*\*\*150.00

<b>DOCUMENT # K35459</b>							
1. Entity Name COMANCHE GROVES, INC.							
Principal Place of Business 1300 HARTMAN RD FT PIERCE, FL 34947-1406			Mailing Address 1300 HARTMAN RD FT PIERCE, FL 34947-1406				
2. Principal Place of Business			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State				
Zip	Country	Zip	Country	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			7. Name and Address of New Registered Agent				
NOELKE, JOSEPH H. JR. 2504 GRAY TWIG LN FT PIERCE, FL 34981			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	BAIRD, KATHRYN N.		NAME				
STREET ADDRESS	2871 HAWTHORNE DR NE		STREET ADDRESS				
CITY-ST-ZIP	ATLANTA, GA 30345		CITY-ST-ZIP				
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	NOELKE, CHARLES J.		NAME				
STREET ADDRESS	16 PERTH DR		STREET ADDRESS				
CITY-ST-ZIP	WILMINGTON, DE 198032627		CITY-ST-ZIP				
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	NOELKE, JOSEPH H., JR.		NAME				
STREET ADDRESS	2504 GRAY TWIG LANE		STREET ADDRESS				
CITY-ST-ZIP	FT. PIERCE, FL 34981		CITY-ST-ZIP				
TITLE	DS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	BECHT, BEVERLY N.		NAME				
STREET ADDRESS	4485 LAKE IVANHOE DR.		STREET ADDRESS				
CITY-ST-ZIP	TUCKER, GA 300842728		CITY-ST-ZIP				
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	NOELKE, DENNIS J.		NAME				
STREET ADDRESS	1650 BELL AVENUE		STREET ADDRESS				
CITY-ST-ZIP	FT. PIERCE, FL 34982		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
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: 			Date: 4/12/05		Daytime Phone #: 772 461 2560		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #		