

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K35459

FILED  
Mar 19, 2009  
Secretary of State

Entity Name: COMANCHE GROVES, INC.

**Current Principal Place of Business:**

1300 HARTMAN RD  
FT PIERCE, FL 349471406

**New Principal Place of Business:**

**Current Mailing Address:**

1300 HARTMAN RD  
FT PIERCE, FL 349471406

**New Mailing Address:**

FEI Number: 65-0080008      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NOELKE, JOSEPH H. JR.  
2504 GRAY TWIG LN  
FT PIERCE, FL 34981      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 NE  
City-St-Zip: ATLANTA, GA 30345

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

Title: TD      ( ) Delete  
Name: NOELKE, JOSPEH H., J, R.  
Address: 2504 GRAY TWIG LANE  
City-St-Zip: FT. PIERCE, FL 34981

Title: DS      ( ) Delete  
Name: BECHT, BEVERLY N.,  
Address: 4485 LAKE IVANHOE DR.  
City-St-Zip: TUCKER, GA 300842728

Title: PD      ( ) Delete  
Name: NOELKE, DENNIS J.,  
Address: 5305 DEER RUN DRIVE  
City-St-Zip: FORT PIERCE, FL 34951

**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:

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: JW GAINES

CPA

03/19/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date