

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K35459

FILED
Feb 17, 2012
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

OFFICERS AND DIRECTORS:

Title: D
Name: BAIRD, KATHRYN N.
Address: 2871 HAWTHORNE DR NE
City-St-Zip: ATLANTA, GA 30345

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

Title: TD
Name: NOELKE, JOSPEH H., JR.
Address: 2504 GRAY TWIG LANE
City-St-Zip: FT. PIERCE, FL 34981

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

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

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: J W GAINES

_____ Electronic Signature of Signing Officer or Director

CPA

02/17/2012

_____ Date