

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M73859

FILED  
Mar 11, 2009  
Secretary of State

Entity Name: MARK WHEELER GROVES, INC.

## Current Principal Place of Business:

141 EAST CENTRAL AVENUE  
SUITE 450  
WINTER HAVEN, FL 33880 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 1396  
WINTER HAVEN, FL 33882 US

## New Mailing Address:

FEI Number: 59-2882823      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WHEELER, I. WESTON  
141 E. CENTRAL AVENUE  
SUITE 450  
WINTER HAVEN, FL 33880 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: CD ( ) Delete  
Name: WHEELER, IRVING W  
Address: PO BOX 2796  
City-St-Zip: WINTER HAVEN, FL 33883

Title: PSD ( ) Delete  
Name: WHEELER, DAVID P  
Address: PO BOX 2573  
City-St-Zip: LAKE PLACID, FL 33862

Title: VD ( ) Delete  
Name: WHEELER, JAMES M  
Address: PO BOX 2715  
City-St-Zip: LAKE PLACID, FL 33862

Title: TD ( ) Delete  
Name: WHEELER, I. WESTON  
Address: PO BOX 1396  
City-St-Zip: WINTER HAVEN, FL 33882 US

Title: D ( ) Delete  
Name: MAIER, SALLY W  
Address: PO BOX 2796  
City-St-Zip: WINTER HAVEN, FL 33883

## 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: I. WESTON WHEELER

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03/11/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date