

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 395710

**Entity Name:** WESCOTT GROVES, INC.

**Current Principal Place of Business:**

650 N ROCK ROAD  
FT PIERCE, FL 34945

**Current Mailing Address:**

P O BOX 2457  
FT PIERCE, FL 34954-9457 US

**FEI Number:** 59-1378736

**Certificate of Status Desired:** No

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

FOWLER, MICHAEL D  
650 N. ROCK ROAD  
FT. PIERCE, FL 34945 US

*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

**Officer/Director Detail :**

Title SD  
Name SCOTT,KENNETH T.  
Address P O BOX 2457  
City-State-Zip: FORT PIERCE FL 34954-9457

Title VD  
Name SCOTT,WAYNE A.  
Address P O BOX 2457  
City-State-Zip: FORT PIERCE FL 34954-9457

Title PD  
Name SCOTT, DAN C.  
Address P O BOX 2457  
City-State-Zip: FORT PIERCE FL 34954-9457

Title TD  
Name SCOTT, ALFRED W.  
Address P O BOX 2457  
City-State-Zip: FT PIERCE FL 34954

*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:** KENNETH T. SCOTT

**SECRETARY/DIRECTOR**

**01/26/2015**

Electronic Signature of Signing Officer/Director Detail

Date