



Companies House
— for the record —

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Annual Return



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Received for filing in Electronic Format on the: 22/09/2009

Company Name: **WAVENEY GROUP SCHEMES LIMITED**

Company Number: **03251997**

Company Details

Period Ending: **19/09/2009**

Company Type: **PRIVATE COMPANY LIMITED BY SHARES**

Principal Business Activities:

SIC codes:

7487

*Registered Office
Address:*

**127 BEVAN STREET
LOWESTOFT
SUFFOLK
NR32 2AJ**

*Register of
Members Address:*

**EAST COAST HOUSE
GALAHAD ROAD
BEACON PARK
GORLESTON
GREAT YARMOUTH
NORFOLK
NR31 7RU**

*Register of Debenture
Holders Address:*

Details of Officers of the Company

Company Secretary 1:

Name: **DAVID ANTHONY DOVE**

Address: **147 CORTON ROAD
LOWESTOFT
SUFFOLK
NR32 4PR**

Director 1 :

Name: **MR GRAHAM PATRICK
COOK**

Address: **9 SIENNA MEWS
PLUMSTEAD ROAD
NORWICH
NR1 4LR**

Date of Birth: **09/09/1947** *Nationality:* **British**

Occupation: **INSURANCE BROKER**

Director 2 :

Name: **DAVID ANTHONY DOVE**

Address: **147 CORTON ROAD
LOWESTOFT
SUFFOLK
NR32 4PR**

Date of Birth: **18/03/1943** *Nationality:* **BRITISH**

Occupation: **INSURANCE BROKER**

Director 3 :

Name: **DAVID MALONE**

Address: **82 ELMDALE DRIVE
CARLTON COLVILLE
LOWESTOFT
SUFFOLK
ENGLAND
NR33 8DQ**

Date of Birth: **22/09/1958** *Nationality:* **British**

Occupation: **INSURANCE BROKER**

Share Capital

Issued Share Capital Details:

<i>Class of Share</i>	<i>Number of Shares issued</i>	<i>Aggregate Nominal value of issued Shares</i>
B ORDINARY	316	GBP3.16
ORDINARY	1000	GBP1000
<i>TOTALS</i>		
	1316	GBP1003.16

Full Details of Shareholders

The details below relate to individuals / corporate bodies that were shareholders as at 19/09/2009 or that had ceased to be shareholders since the made up date of the previous Annual Return

Shareholding 1:

1 ORDINARY Shares held as at 19/09/2009

Name: **G.P. COOK**

Address:

Shareholding 2:

999 ORDINARY Shares held as at 19/09/2009

Name:

WAVENEY INSURANCE BROKERS LTD

Address:

Shareholding 3:

316 B ORDINARY Shares held as at 19/09/2009

Name:

DAVID MICHAEL MALONE

Address:

Authorisation

Authoriser Designation: **director**

Date Authorised: **22/09/2009**

Authenticated: **Yes (E/W)**