


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # 645558

1. Entity Name
 H.S. DEVELOPMENTS (NAPLES), INC.



Principal Place of Business 4301 GULF SHORE BLVD. NORTH UNIT 802 NAPLES, FL 34103	Mailing Address 4301 GULF SHORE BLVD. NORTH UNIT 802 NAPLES, FL 34103
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02052008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1970634	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STARMAN, SHELDON
 4099 TAMIAMI TRAIL N, SUITE 400
 NAPLES, FL 34103

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SOUPCOFF, KAREN 1485 WHITEHORSE RD DOWNSVIEW, ONTARIO, CN m3j2z2 M3J 2Z2
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ZUBCOV, ROCHELLE 1485 WHITEHORSE RD DOWNSVIEW, ONTARIO, CN m3j2z2
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARRIOTT, FERN 1485 WHITEHORSE RD DOWNSVIEW, ONTARIO, CN m3j2z2
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ORR, YVONNE 1485 WHITEHORSE RD DOWNSVIEW, ONTARIO, CN m3j2z2
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 03/05/08-80033-016 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN SOUPCOFF Feb 13/08 416-635-2910

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #