

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2006 8:00 am
Secretary of State

04-04-2006 90048 023 ***150.00



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1. Entity Name

RHG OF NAPLES INC.

Principal Place of Business

5234 CYPRESS LANE
 NAPLES FL 34113

Mailing Address

5234 CYPRESS LANE
 NAPLES FL 34113



2. Principal Place of Business

5234 Cypress LN
 Suite, Apt. #, etc.

3. Mailing Address

5234 Cypress LN
 Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

NAPLES, FL

City & State

NAPLES, FL

4. FEI Number

20-3099917

Applied For

Not Applicable

Zip

34113

Country

USA

Zip

34113

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOLDIE, ROBIN
 5234 CYPRESS LANE
 NAPLES FL 34113

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Robin Goldie

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, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: D,P
 NAME: GOLDIE, ROBIN Delete
 STREET ADDRESS: 5234 CYPRESS LANE
 CITY-ST-ZIP: NAPLES FL 34113

TITLE: VP,S Delete
 NAME: GOLDIE, ROBIN
 STREET ADDRESS: 5234 CYPRESS LANE
 CITY-ST-ZIP: NAPLES FL 34113

TITLE: T Delete
 NAME: GOLDIE, ROBIN
 STREET ADDRESS: 5234 CYPRESS LANE
 CITY-ST-ZIP: NAPLES FL 34113

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Robin Goldie

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #