


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90279 021 ***158.75

DOCUMENT # P94000020829
 1. Entity Name
ROBIN HOOD OF NAPLES, INC.



Principal Place of Business Mailing Address
801 ANCHOR RODE DRIVE **801 ANCHOR RODE DRIVE**
NAPLES FL 34103 **NAPLES FL 34103**
US **US**



2. Principal Place of Business 3. Mailing Address
2390 TAMiami TRAIL N #206 **SAME**
 Suite, Apt. #, etc. City & State

1st MOORE CR2E034 (10/05)

City & State **NAPLES, FL 34103** City & State
 Zip Country Zip Country

4. FEI Number **65-0584253** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

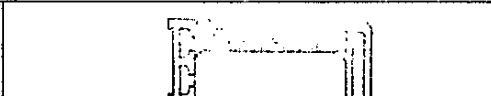
6. Name and Address of Current Registered Agent
JANET P KELLY
801 ANCHOR RODE DRIVE #106
NAPLES FL 34103

7. Name and Address of New Registered Agent
 Name **JANET KELLY**
 Street Address **2390 TAMiami TRAIL N #206**
NAPLES, FL 34103
 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 *Janet Kelly* **Janet Kelly Treasurer** 4/26/06
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 **\$5.00 May Be**
 Trust Fund Contribution. **Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ROBERT PAUL HARDY 5659 STRAND CT #101 NAPLES FL 34110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KELLY, JANET 801 ANCHOR RODE DRIVE #106 NAPLES FL 34103 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KELLY, JANET <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2390 TAMiami TRAIL N #206 NAPLES FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARDY, ROBERT S 5659 STRAND CT #101 NAPLES FL 34110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Janet Kelly* **Janet Kelly Treasurer** 4/26/06 (239) 434-9895
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #