

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 11, 2005 8:00 am**  
**Secretary of State**

03-11-2005 90298 022 \*\*\*158.75

<b>DOCUMENT # 415828</b>	
1. Entity Name <b>NAPLES ROAD BUILDING CORPORATION</b>	



Principal Place of Business <b>5672 STRAND CT SUITE 1 NAPLES FL 34110 US</b>	Mailing Address <b>5672 STRAND CT SUITE 1 NAPLES FL 34110 US</b>
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1st MOORE CR2E034 (10/04)

2. Principal Place of Business <b>801 ANCHOR RODE DRIVE SUITE 106 NAPLES FL</b>	3. Mailing Address <b>801 ANCHOR RODE DR SUITE 106 NAPLES FL</b>
City & State <b>NAPLES FL</b>	City & State <b>NAPLES FL</b>
Zip <b>34103</b>	Zip <b>34103</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>59-1435959</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	Not Applicable <input type="checkbox"/>

6. Name and Address of Current Registered Agent <b>KELLY, JANET 5672 STRAND CT SUITE 1 NAPLES FL 34110</b>	
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7. Name and Address of New Registered Agent <b>KELLY, JANET 801 ANCHOR RODE DRIVE SUITE 106 NAPLES FL 34103</b>	
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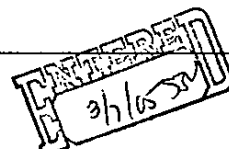
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Janet Kelly, Treasurer* DATE 3/3/05  
(NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>PD HARDY, ROBERT 13056 PONDAPPLE DR.W NAPLES FL</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>VD HARDY, PAUL 5780 24 AVE NW NAPLES FL</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>ST KELLY, JANET 5672 STRAND CT #1 NAPLES FL 34110</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>ST KELLY, JANET 801 ANCHOR RODE DR #106 NAPLES FL 34103</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 exemption stated in Section 119.07(3)(i), 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 P. Kelly, Treasurer* DATE: 3/3/05 (239) 434-9895  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR