

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90185 032 ***158.75

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1. Entity Name

NAPLES ROAD BUILDING CORPORATION



Principal Place of Business

2390 TAMIAMI TRAIL N 206
NAPLES FL 34103
US

Mailing Address

2390 TAMIAMI TRAIL N ~~206~~
~~SUITE 100~~ SUITE 206
NAPLES FL 34103
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

2390 TAMIAMI TRAIL NORTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

206

City & State

City & State
NAPLES

1st MOORE

CR2E034 (10/06)

Zip

Country

Zip

Country

34103

USA

4. FEI Number 59-1435959

Applied For

Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KELLY, JANET
2390 TAMIAMI TRAIL N 206
NAPLES FL 34103

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME HARDY, ROBERT
STREET ADDRESS 13056 PONDAPPLE DR.W
CITY- ST- ZIP NAPLES FL ☐ Delete

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

TITLE VD
NAME HARDY, PAUL
STREET ADDRESS 5780 24 AVE NW
CITY- ST- ZIP NAPLES FL ☐ Delete

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

TITLE ST
NAME KELLY, JANET
STREET ADDRESS 2390 TAMIAMI TRAIL NORTH 206
CITY- ST- ZIP NAPLES FL 34103 ☐ Delete

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

TITLE
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STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
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CITY- ST- ZIP ☐ Change ☐ Addition

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CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY- ST- ZIP ☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANET P. KELLY TREASURER

Date

Daytime Phone #

3/26/07 (239) 434-9895