

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90139 041 ***150.00

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01232006

Chg-P

CR2E034 (11/05)

4. FEI Number

59-1970634

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

**STARMAN, SHELDON
4099 TAMiami TRAIL N, SUITE 400
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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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
**DPS
SOUPCOFF, HAROLD
1485 WHITEHORSE RD
DOWNSVIEW, ONTARIO, CD.** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DPST
SOUPCOFF, HAROLD
1485 WHITEHORSE RD
DOWNSVIEW, ONTARIO, CD** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PID
SOUPCOFF, KAREN
1485 WHITEHORSE ROAD
DOWNSVIEW, ONTARIO CANADA M3J 2Z2** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VID
ZUBCOV, ROCHELLE
1485 WHITEHORSE ROAD
DOWNSVIEW, ONTARIO CANADA M3J 2Z2** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TID
MARRIOTT, FERN
1485 WHITEHORSE ROAD
DOWNSVIEW, ONTARIO CANADA M3J 2Z2** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SID
ORR YVONNE
1485 WHITEHORSE ROAD
DOWNSVIEW, ONTARIO CANADA M3J 2Z2** ☐ Change ☒ Addition

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

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 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:

[Signature]

KAREN SOUPCOFF

MAR 30, 2006

416-635-2910

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #