


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2005 8:00 am.
Secretary of State

05-04-2005 90169 042 ***158.75

DOCUMENT # 649458
 1. Entity Name
RH OF NAPLES, INC.



Principal Place of Business Mailing Address
5672 STRAND CT **5672 STRAND CT**
STE 1 **STE 1**
NAPLES FL 34110 **NAPLES FL 34110**
US **US**

30047559



1st MOORE CR2E034 (10/04)

2. Principal Place of Business 3. Mailing Address
801 ANCHOR RODE DRIVE #106 **801 ANCHOR RODE DRIVE #106**
Some, Apt. #, etc.
NAPLES, FL 34103 **NAPLES, FL 34103**

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

4. FEI Number Applied For
59-2153118 Not Applicable

Zip Country Zip Country
 USA **USA**

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

6. Name and Address of Current Registered Agent
KELLY, JANET
5672 STRAND CT
STE 1
NAPLES FL 34110

7. Name and Address of New Registered Agent
 Name **KELLY, JANET**
 Street Address (P.O. Box Number is Not Acceptable)
 801 ANCHOR RODE DRIVE #106
 City **Naples** State **FL** Zip Code **34103**

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: 4/29/05
Signature of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! - FEE IS \$150.00
After May 4, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE: PD NAME: HARDY, ROBERT STREET ADDRESS: 5672 STRAND COURT, SUITE 1 CITY-ST-ZIP: NAPLES FL 34110	<input type="checkbox"/> Delete
TITLE: VPD NAME: HARDY, PAUL R STREET ADDRESS: 5692 STRAND CT #1 CITY-ST-ZIP: NAPLES FL 34110	<input type="checkbox"/> Delete
TITLE: ST NAME: KELLY, JANET STREET ADDRESS: 5672 STRAND CT #1 CITY-ST-ZIP: NAPLES FL 34110	<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
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PID NAME: Hardy, Marion G STREET ADDRESS: 5654 Strand Court #101 CITY-ST-ZIP: Naples FL 34110	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VPID NAME: Hardy, Robert Paul STREET ADDRESS: 5654 Strand Court #101 CITY-ST-ZIP: Naples FL 34110	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S/T NAME: KELLY, Janet STREET ADDRESS: 801 Anchor Rode Drive #106 CITY-ST-ZIP: Naples FL 34103	<input checked="" 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
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 Kelly, Treasurer DATE: 4/29/05 DAYTIME PHONE #: (239) 434-9895
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #