


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

05-08-2006 90276 021 ***158.75

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



Principal Place of Business Mailing Address
 801 ANCHOR RODE DRIVE, #106 801 ANCHOR RODE DRIVE, #106
 NAPLES FL 34103 NAPLES FL 34103
 US US



2. Principal Place of Business 3. Mailing Address
2390 TAMIAMI TRAIL N. #206
 Suite, Apt. **NAPLES, FL 34103** Suite, Apt. **2390 TAMIAMI TRAIL N. #206**

City & State City & State MOORE CR2E034 (10/05)
NAPLES, FL 34103 **NAPLES, FL 34103**

FEI Number Applied For
59-2153118 Not Applicable

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

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

7. Name and Address of New Registered Agent
 Name **JANET KELLY**
 Street Address (P.O. Box Number is Not Acceptable)
2390 TAMIAMI TRAIL N. #206
 City **NAPLES, FL 34103 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]* **Janet Kelly, Treasurer** DATE **4/26/06**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	HARDY, MARION G	
STREET ADDRESS	5659 STRAND COURT, #101	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HARDY, ROBERT P	
STREET ADDRESS	5659 STRAND COURT #101	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	ST	<input type="checkbox"/> Delete
NAME	KELLY, JANET	
STREET ADDRESS	801 ANCHOR RODE DRIVE, #106	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, JANET	
STREET ADDRESS	2390 TAMIAMI TRAIL NORTH #206	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]* **Janet Kelly, Treasurer** DATE **4/26/06** DAYTIME PHONE # **(239) 434-9895**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #