


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

05-08-2006 90276 021 \*\*\*158.75

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| <b>DOCUMENT # 649458</b><br>1. Entity Name<br>RH OF NAPLES, INC. |  |
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| Principal Place of Business<br>801 ANCHOR RODE DRIVE, #106<br>NAPLES FL 34103<br>US | Mailing Address<br>801 ANCHOR RODE DRIVE, #106<br>NAPLES FL 34103<br>US |
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| 2. Principal Place of Business<br>2390 TAMIAMI TRAIL N. #206<br>NAPLES, FL 34103 | 3. Mailing Address<br>2390 TAMIAMI TRAIL N. #206<br>NAPLES, FL 34103 |
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|   |                                  |                          |                               |
|---|----------------------------------|--------------------------|-------------------------------|
| City & State<br>NAPLES, FL 34103  | City & State<br>NAPLES, FL 34103 | FBI Number<br>59-2153118 | Applied For<br>Not Applicable |
| Zip<br>34103  | Country<br>US                    | Zip<br>34103             | Country<br>US                 |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |                                  |                          |                               |

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| 6. Name and Address of Current Registered Agent<br>KELLY, JANET<br>801 ANCHOR RODE DRIVE, #106<br>NAPLES FL 34103 | 7. Name and Address of New Registered Agent<br>Name<br>JANET KELLY<br>Street Address (P.O. Box Number is Not Acceptable)<br>2390 TAMIAMI TRAIL N. #206<br>NAPLES, FL 34103 FL<br>City<br>NAPLES, FL 34103 FL<br>Zip Code |
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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 4/26/06  
(NOTE: Registered Agent signature required when reinstating)

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| <b>FILE NOW!!! FEE IS \$150.00.</b><br><b>After May 1, 2006 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b> | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
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| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>HARDY, MARION G<br>5659 STRAND COURT, #101<br>NAPLES FL 34110 <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>HARDY, ROBERT P<br>5659 STRAND COURT #101<br>NAPLES FL 34110 <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ST<br>KELLY, JANET<br>801 ANCHOR RODE DRIVE, #106<br>NAPLES FL 34103 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | ST<br>KELLY, JANET <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>2390 TAMIAMI TRAIL NORTH #206<br>NAPLES FL 34103 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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 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: JANET KELLY, Treasurer DATE 4/26/06 (239) 434-9895  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR