2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

May 04, 2005 8:00 am Secretary of State **DOCUMENT # 649462** 1. Entity Name 05-04-2005 90114 007 ***158 75 RSH OF NAPLES, INC. Principal Place of Business Mailing Address 5672 STRAND COURT 5672 STRAND COURT NAPLES FL 34110 NAPLES FL 34110 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc 801 ANCHOR RODE DRIVE #106 SEO PANCHOR RODE DRIVE #106 CR2E034 (10/04) City & State NAPLES, FL 34103 4. FEI Number Applied For ^{city & Sta}NAPLES, FL 34103 59-2128222 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent <u>Janet</u> JANET KELLY Street Address (P.O. Box Number is Not Adoptable). 5672 STRAND COURT #1 NAPLES FL 34110 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 the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 - . Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change PD TITLE ☐ Addition TITLE ☐ Delete Robert S. HARDY, ROBERT S NAME NAME strand Court #101 STREET ADDRESS 5672 STRAND COURT, SUITE 1 STREET ADDRESS NAPLES FL 34110 CITY-ST-ZIP CITY-ST-ZIP TITLE **VPD** ☐ Delete TITLE (etiange Addition Robert Paul Strand Ci NAME HARDY, ROBERT PAUL NAME STREET ADDRESS STREET ADDRESS 5672 STRAND COURT, SUITE 1 NAPLES FL 34110 CITY-ST-7IP CITY-ST-ZIP - ☐ Addition ST ☐ Delete TITLE TITLE Fanet Kelly Rode Drive #100 NAME NAME JANET KELLY STREET ADDRESS 5672 STRAND COURT #1 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34110 Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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:

GNATURE AND TYPED OR PRINTED NAME OF SIGN

FILED