


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 09, 2005 8:00 am**  
**Secretary of State**

05-09-2005 90290 023 \*\*\*158.75

<b>DOCUMENT # K-9864</b>			
1. Entity Name <b>GR DEVELOPMENT CORPORATION</b>			
Principal Place of Business <b>5672 STRAND CT STE #1 NAPLES FL 34110 US</b>		Mailing Address <b>5672 STRAND CT STE #1 NAPLES FL 34110 US</b>	
2. Principal Place of Business <b>801 ANCHOR RODE DRIVE #106 NAPLES, FL 34103</b>		3. Mailing Address <b>801 ANCHOR RODE DRIVE #106 NAPLES, FL 34103</b>	
City & State <b>NAPLES, FL 34103</b>		City & State <b>NAPLES, FL 34103</b>	
Zip <b>34103</b>	Country <b>USA</b>	Zip <b>34103</b>	Country <b>USA</b>
4. FEI Number <b>65-0112088</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>KELLY, JANET 5672 STRAND CT STE #1 NAPLES FL 34110</b>		7. Name and Address of New Registered Agent <b>Janet Kelly 801 ANCHOR RODE DRIVE #106 NAPLES, FL 34103</b>	
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.		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
SIGNATURE: <i>Janet Kelly Treasurer</i> (NOTE: Registered Agent signature required when reinstating)		DATE: <b>4/30/05</b>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>V</b>	NAME <b>HARDY, ROBERT PAUL</b>	TITLE <b>V</b>	NAME <b>Hardy, Robert Paul</b>
STREET ADDRESS <b>5672 STRAND COURT, SUITE 1</b>	CITY-ST-ZIP <b>NAPLES FL 34110</b>	STREET ADDRESS <b>5659 Strand Court #101</b>	CITY-ST-ZIP <b>Naples FL 34110</b>
TITLE <b>PD</b>	NAME <b>HARDY, ROBERT S.</b>	TITLE <b>PD</b>	NAME <b>Hardy, Robert S.</b>
STREET ADDRESS <b>5672 STRAND COURT, SUITE 1</b>	CITY-ST-ZIP <b>NAPLES FL 34110</b>	STREET ADDRESS <b>5659 Strand Court #101</b>	CITY-ST-ZIP <b>NAPLES FL 34110</b>
TITLE <b>ST</b>	NAME <b>KELLY, JANET</b>	TITLE <b>ST</b>	NAME <b>Kelly, Janet</b>
STREET ADDRESS <b>5672 STRAND CT #1</b>	CITY-ST-ZIP <b>NAPLES FL 34110</b>	STREET ADDRESS <b>801 Anchor Rode Drive #106</b>	CITY-ST-ZIP <b>Naples FL 34103</b>
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
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: <i>Janet Kelly Treasurer</i>		DATE: <b>4/30/05</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # <b>(239) 434-9895</b>	

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