2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED May 02, 2005 8:00 am Secretary of State

05-02-2005 90806 001 ***183.75

DOCUMENT # N00000008223

1. Entity Name



INC.								
Principal Place of Business C/O R&P PROPERTY MANAGEMENT 265 AIRPORT ROAD SOUTH NAPLES, FL 34104 Mailing Address C/O R&P PROPERTY MANAGE 265 AIRPORT ROAD SOUTH NAPLES, FL 34104								
3. Mailing Address The univer Corp Suite, Apt. #, etc. Suite, Apt. #, etc.			mer Corp)		1273 1122 11141		
886 110th Ave N #7 886 110th Ave 1			LN#7		ng-NP CR2E037 (
City & State	. /	Nadeo Fa		4. FEI Number 59-368813	3		lied For Applicable	
34108	Country (1.5A)	34108	Country USA	5. Certificate of St.		.75 Addit		
	6. Name and Address of Current			7. Name and Add	ress of New Registered Age	<u> </u>		
R&R PROPERTY MANAGEMENT				Name Bryan J Warner				
265 AIRPORT ROAD SOUTH				Street Address (P.O. Box Number is Not Acceptable)				
NAPLES, FL 34104			88	886 110th Ave N 47				
			°KAD	les	FL	ZSCOT	10%	
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.								
1/2/2								
SIGNATURE Signature, typed or policid name of registered agent and title if applicable. (NOTE: Registered Agent slonature required when reinstating) DATE								
		1		1				
	Filing Fee is \$61.25 Due by May 1, 2005	9. Election Camp Trust Fund Co		\$5.00 May Be Added to Fees	Make check pa Florida Departme	ent of Sta	nte	
10.	Due by May 1, 2005 OFFICERS AND DI	Trust Fund Co	ntribution.		Fiorida Departme	ent of Sta	10	
10. TITLE NAME	Due by May 1, 2005	Trust Fund Co	ntribution.		Fiorida Departme	ent of Sta	nte	
TITLE NAME STREET ADDRESS	OFFICERS AND DE PD YOUNG, ELI 4844 HAMPSHIRE CT #103	Trust Fund Co	11. TITLE NAME STREET ADDRESS		Fiorida Departme	ent of Sta	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Due by May 1, 2005 OFFICERS AND DI PD YOUNG, ELI 4844 HAMPSHIRE CT #103 NAPLES, FL 34112	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP		Fiorida Departme	ent of Sta	10 Addition	
TITLE NAME STREET ADDRESS	OFFICERS AND DE PD YOUNG, ELI 4844 HAMPSHIRE CT #103	Trust Fund Co	11. TITLE NAME STREET ADDRESS		Fiorida Departme	ent of Sta	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Due by May 1, 2005 OFFICERS AND DI PD YOUNG, ELI 4844 HAMPSHIRE CT #103 NAPLES, FL 34112 D DAVIS, ROBERT 4844 HAMPSHIRE CT, #104	Trust Fund Co	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		Fiorida Departme	ent of Sta	10 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Due by May 1, 2005 OFFICERS AND DI PD YOUNG, ELI 4844 HAMPSHIRE CT #103 NAPLES, FL 34112 D DAVIS, ROBERT 4844 HAMPSHIRE CT, #104 NAPLES, FL 34112	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		Fiorida Departme	ent of Sta	nte 10 Addition Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Due by May 1, 2005 OFFICERS AND DI PD YOUNG, ELI 4844 HAMPSHIRE CT #103 NAPLES, FL 34112 D DAVIS, ROBERT 4844 HAMPSHIRE CT, #104	Trust Fund Co	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		Fiorida Departme	ent of Sta	10 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Due by May 1, 2005 OFFICERS AND DI PD YOUNG, ELI 4844 HAMPSHIRE CT #103 NAPLES, FL 34112 D DAVIS, ROBERT 4844 HAMPSHIRE CT, #104 NAPLES, FL 34112 VPD HARBRECHT, JOSEPH 4834 HAMPSHIRE CT, #107	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		Fiorida Departme	ent of Sta	nte 10 Addition Addition	
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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 617, 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:

SIGNATUBE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/05

239.591.1800

Daytime Phone #