

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90191 029 ***150.00

DOCUMENT # P02000000030

1. Entity Name
THE NAPLES DESIGN RESOURCE, INC.



Principal Place of Business

**5259 MYRTLE LANE
NAPLES, FL 34113**

Mailing Address

**5259 MYRTLE LANE
NAPLES, FL 34113**

50017246



2. Principal Place of Business

2732 WEEKS AVENUE

Suite, Apt. #, etc.

3. Mailing Address

2732 WEEKS AVENUE

Suite, Apt. #, etc.

02032006

Chg-P

CR2E034 (11/05)

City & State

NAPLES, FL

City & State

NAPLES, FL

4. FEI Number

36-4503629

Applied For

Not Applicable

Zip

34112

Country

US

Zip

34112

Country

Collier

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KELLY, DEBRA A
5259 MYRTLE LANE
NAPLES, FL 34113**

7. Name and Address of New Registered Agent

Name

Kelly, Debra A

Street Address (P.O. Box Number is Not Acceptable)

2732 WEEKS AVENUE

City

NAPLES

FL

Zip Code

34112

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete
P KELLY, DEBRA A
STREET ADDRESS **5259 MYRTLE LANE**
CITY-ST-ZIP **NAPLES, FL 34113**

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☒ Change ☐ Addition
P KELLY, DEBRA
STREET ADDRESS **2732 WEEKS AVENUE**
CITY-ST-ZIP **NAPLES, FL, 34112**

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Debra A. KELLY

4/26/06 239-430-2946