


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90071 019 ***150.00

DOCUMENT # P02000000030

1. Entity Name
THE NAPLES DESIGN RESOURCE, INC.



Principal Place of Business Mailing Address
2732 WEEKS AVE **2732 WEEKS AVE**
NAPLES, FL 34112 **NAPLES, FL 34112**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
4033 GUAVA DR. **4033 GUAVA DR**
 Suite, Apt. #, etc. Suite, Apt. #, etc.



03022008 Chg-P CR2E034 (12/06)

City & State City & State
NAPLES, FL **NAPLES FL**
 Zip Country Zip Country
34104 **US** **34104** **US**

4. FEI Number Applied For
36-4503629 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
KELLY, DEBRA A
2732 WEEKS AVE
NAPLES, FL 34112

7. Name and Address of New Registered Agent
 Name **KELLY, DEBRA A**
 Street Address (P.O. Box Number is Not Acceptable)
4033 GUAVA DR.
 City **NAPLES** FL Zip Code **34104**

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 *Debra A Kelly* DATE 4/27/08
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, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	TITLE	P
NAME	KELLY, DEBRA A	NAME	KELLY, DEBRA A
STREET ADDRESS	2731 WEEKS AVE	STREET ADDRESS	4033 GUAVA DR
CITY-ST-ZIP	NAPLES, FL 34112	CITY-ST-ZIP	NAPLES FL 34104
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<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 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: *Debra A Kelly* **DEBRA A. KELLY** Date 4/27/08 Daytime Phone # 239-821-9277