

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000120425

1. Entity Name
THE RIGHT HAND OF NAPLES, INC.



Principal Place of Business
**2255 GREENBACK CIRCLE
201
NAPLES, FL 34112 US**

Mailing Address
**2255 GREENBACK CIRCLE
201
NAPLES, FL 34112 US**



04032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0334285	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HERNANDEZ, JOSE A
2255 GREENBACK CIRCLE
201
NAPLES, FL 34112**

**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

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

U00000693974
04/16/07-80061-010 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HERNANDEZ, JOSE A
STREET ADDRESS	2255 GREENBACK CIRCLE #201
CITY-ST-ZIP	NAPLES, FL 34112

TITLE	VP
NAME	CANON, CLAUDIA A
STREET ADDRESS	2255 GREENBACK CIRCLE
CITY-ST-ZIP	NAPLES, FL 34112

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 **Claudia Canon Vice-president** **04/04/2007** **239 4658388**
Date Daytime Phone #