


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90169 043 \*\*\*158.75

<b>DOCUMENT # P94000020829</b> 1. Entity Name <b>ROBIN HOOD OF NAPLES, INC.</b>					
Principal Place of Business <b>5672 STRAND CT SUITE 1 NAPLES FL 34110 US</b>			Mailing Address <b>5672 STRAND CT SUITE 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>		4. FEI Number <b>65-0584253</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>JANET P KELLY 5672 STRAND CT SUITE 1 NAPLES FL 34110</b>			7. Name and Address of New Registered Agent Name <b>Janet P. Kelly</b> Street Address (P.O. Box Number is Not Acceptable) <b>801 ANCHOR RODE DRIVE #106</b> City <b>NAPLES, FL 34103</b> <b>FL</b> Zip Code		
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 <u><i>Janet Kelly</i></u> <b>Janet Kelly, Treasurer</b> <span style="float: right;">4/29/05</span> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<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>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP ROBERT PAUL HARDY 5672 STRAND COURT, STE 1 NAPLES FL 34110	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/VP Robert Paul Hardy 5659 Strand Court #101 Naples FL 34110	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST KELLY, JANET 5672 STRAND CT #1 NAPLES FL 34110	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/T KELLY, Janet 801 Anchor Rode Drive #106 Naples FL 34103	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HARDY, ROBERT S 5672 STRAND COURT, STE 1 NAPLES FL 34110	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D Hardy, Robert S. 5659 Strand Court #101 Naples FL 34110	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	   	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	   	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	   	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	   	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Janet Kelly</i></u> <b>Janet Kelly</b> <span style="float: right;">4/29/05 (239) 434-9895</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					