


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90279 021 \*\*\*158.75

|   |   |
|---|---|
| <b>DOCUMENT # P94000020829</b>                      |  |
| 1. Entity Name<br><b>ROBIN HOOD OF NAPLES, INC.</b> |   |

|  |  |
|--|--|
| Principal Place of Business<br><b>801 ANCHOR RODE DRIVE<br/>NAPLES FL 34103<br/>US</b> | Mailing Address<br><b>801 ANCHOR RODE DRIVE<br/>NAPLES FL 34103<br/>US</b> |
|--|--|



|  |                                   |
|--|-----------------------------------|
| 2. Principal Place of Business<br><b>2390 TAMiami TRAIL N #206</b> | 3. Mailing Address<br><b>SAME</b> |
| Suite, Apt. #, etc.<br><b>#206</b>                                 | Suite, Apt. #, etc.               |
| City & State<br><b>NAPLES, FL 34103</b>                            | City & State                      |
| Zip<br><b>34103</b>  | Country                           |

1st MOORE CR2E034 (10/05)

|  |  |   |   |
|--|--|---|---|
| 4. FEI Number<br><b>65-0584253</b>   |  | Applied For<br><input type="checkbox"/>   | Not Applicable<br><input checked="" type="checkbox"/> |
| 5. Certificate of Status Desired<br><input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>              |  |   |   |
| 6. Name and Address of Current Registered Agent<br><b>JANET P KELLY<br/>801 ANCHOR RODE DRIVE #106<br/>NAPLES FL 34103</b> |  | 7. Name and Address of New Registered Agent<br><b>JANET KELLY<br/>2390 TAMiami TRAIL N. #206<br/>NAPLES, FL 34103</b> |   |
| City<br><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 *Janet Kelly* **Janet Kelly Treasurer** DATE 4/26/06

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

|   |   |
|---|---|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b> | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|---|---|

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DVP<br>ROBERT PAUL HARDY<br>5659 STRAND CT #101<br>NAPLES FL 34110 <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ST<br>KELLY, JANET<br>801 ANCHOR RODE DRIVE #106<br>NAPLES FL 34103 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>ST KELLY, JANET<br/>2390 TAMiami TRAIL N. #206<br/>NAPLES FL 34103</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>HARDY, ROBERT S<br>5659 STRAND CT #101<br>NAPLES FL 34110 <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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 exemptions contained in Section 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: *Janet Kelly* **Janet Kelly Treasurer** DATE 4/26/06 (239) 434-9895

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR