

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90086 044 \*\*\*158.75

**DOCUMENT # P96000019251**

1. Entity Name

NRB CONSTRUCTION & DEVELOPMENT, INC.



Principal Place of Business

5672 STRAND CT  
SUITE 1  
NAPLES FL 34110  
US

Mailing Address

5672 STRAND CT  
SUITE 1  
NAPLES FL 34110  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3437087

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SALVATORI, LEO J  
4501 TAMIAMI TRAIL NORTH  
SUITE 300  
NAPLES FL 33940-3060

Name

Janet Kelly

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

5672 Strand Court

Suite 1

City

NAPLES

FL

Zip Code

34110

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

3/11/04

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, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

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	<input type="checkbox"/> Delete
NAME	HARDY, ROBERT S.	
STREET ADDRESS	5692 STRAND CT # 3	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HARDY, PAUL R	
STREET ADDRESS	5692 STRAND CT # 1	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	S	<input type="checkbox"/> Delete
NAME	KELLY, JANET P	
STREET ADDRESS	5672 STRAND CT # 1	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	T	<input type="checkbox"/> Delete
NAME	KELLY, JANET	
STREET ADDRESS	5672 STRAND CT # 1	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HARDY, ROBERT S	
STREET ADDRESS	5692 STRAND CT # 3	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P.D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARDY, ROBERT S.	
STREET ADDRESS	5672 Strand Court #1	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARDY, R. PAUL	
STREET ADDRESS	5672 Strand Court, Suite 1	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:**

*Janet Kelly* JANET KELLY Treasurer

Date

Daytime Phone #

3/11/04 (239) 597-9888