

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000027400

1. Entity Name
MICHELANGELO RIVERFRONT RENTAL, INC.



Principal Place of Business
**3727 SE 21ST PLACE
CAPE CORAL, FL 33904**

Mailing Address
**1318 LAFAYETTE ST.
CAPE CORAL, FL 33904**



04292008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 03-0425353	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HILL, THOMAS W
1318 LAFAYETTE STREET
CAPE CORAL, FL 33904**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000940406
05/28/08-80065-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	RATHEY, ANGELO
STREET ADDRESS	3727 SE 21ST PLACE
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	SD
NAME	RATHEY, MICHAELA
STREET ADDRESS	3727 SE 21ST PLACE
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	D
NAME	HILL, THOMAS W
STREET ADDRESS	1318 LAFAYETTE ST.
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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:

Thomas W Hill

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas W Hill

4-29-08

Date

239-549-2444

Daytime Phone #