2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 454035

1. Entity Name
THE RIALTO CORPORATION

Principal Place of Business

2139 CALUSA LAKES BLVD
NOKOMIS, FL 34275   US

Mailing Address

2139 CALUSA LAKES BLVD
NOKOMIS, FL 34275   US

DO NOT WRITE IN THIS SPACE

01302006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-1573143	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JAMES W PONDER
2139 CALUSA LAKES BOULEVARD
NOKOMIS, FL 34275

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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, 2006 Fee will be $550.00

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

000000476056
04/05/06-80041-025 150.00

10.	OFFICERS AND DIRECTORS
TITLE	DTPS
NAME	PONDER,JAMES W
STREET ADDRESS	2139 CALUSA LAKES BLVD
CITY-ST-ZIP	NOKOMIS, FL 34275
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _James W Ponder_ JAMES W. PONDER III   3-7-06   941-498-6414

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #