

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2005 08:00 AM
Secretary of State

DOCUMENT # F93000004072

1. Entity Name
RHODES-FORT MYERS/GP, INC.



Principal Place of Business
1990 M STREET NW #650
WASHINGTON, DC 20006

Mailing Address
C/O J.P. METZ COMPANY
1990 M STREET, N.W., STE. #650
WASHINGTON, DC 20036 US



03092005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-1839523

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME AMBROSI, ROBERT J
STREET ADDRESS 1401 BROAD STREET
CITY-ST-ZIP CLIFTON, NJ 07013

TITLE VPD
NAME PEREL, MARC
STREET ADDRESS 1401 BROAD STREET
CITY-ST-ZIP CLIFTON, NJ 07013

TITLE SD
NAME MELROD, JOSEPH K
STREET ADDRESS 1990 M STREET NW #650
CITY-ST-ZIP WASHINGTON, DC 20036

TITLE D
NAME MELROD, DANIEL
STREET ADDRESS 1990 M STREET NW #650
CITY-ST-ZIP WASHINGTON, DC 20036

TITLE
NAME
STREET ADDRESS
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 exemption stated in Section 119.07(3)(f), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph K. Melrod

3/11/05

Date

(202) 785-1212

Daytime Phone #