


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90229 010 ***150.00

DOCUMENT # P05000029167					
1. Entity Name RONTO BEACH ROAD DEVELOPMENTS ONE, INC.					
Principal Place of Business 3185 HORSESHOE DR SOUTH FIRST FLOOR NAPLES, FL 34104		Mailing Address 3185 HORSESHOE DR SOUTH FIRST FLOOR NAPLES, FL 34104			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-2736937	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BLOOM, KEN E 3185 HORSESHOE DR SOUTH FIRST FLOOR NAPLES, FL 34104			7. Name and Address of New Registered Agent Name KAREN WELKS Street Address (P.O. Box Number is Not Acceptable) 3185 HORSESHOE DRIVE SOUTH #2 City NAPLES FL Zip Code 34104		
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 <u>Karen E. Welks</u> DATE <u>4.29.08</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REINDERS, JAMES M		NAME		
STREET ADDRESS	3185 HORSESHOE DR SOUTH		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34104		CITY-ST-ZIP		
TITLE	CVPD	<input type="checkbox"/> Delete	TITLE	P D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOLOMON, JACK A		NAME		
STREET ADDRESS	3185 HORSESHOE DR SOUTH		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34104		CITY-ST-ZIP		
TITLE	VPST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WELKS, KAREN		NAME		
STREET ADDRESS	3185 HORSESHOE R SOUTH		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34104		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARK, TAYLOR S		NAME		
STREET ADDRESS	3185 HORSESHOE DR SOUTH		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34104		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FARRAR, BRIAN		NAME		
STREET ADDRESS	8185 HORSESHOE DR S		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34104		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Karen E. Welks</u>		SIGNATURE: <u>KAREN E. WELKS</u>		DATE: <u>4.29.08</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>DATE</small>	
				DAYTIME PHONE: <u>239-649-6310</u>	