

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90311 044 \*\*\*150.00

**DOCUMENT # P96000072214**

1. Entity Name  
**RONTO DEVELOPMENTS OF FORT MYERS, INC.**



Principal Place of Business  
**3185 HORSESHOE DR S  
FIRST FL  
NAPLES, FL 34104 US**

Mailing Address  
**3185 HORSESHOE DR S  
FIRST FL  
NAPLES, FL 34104 US**

**54046007**



01202004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0694697**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**BLOOM, KENNETH  
3185 HORSESHOE DR S  
FIRST FL  
NAPLES, FL 34104**

**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, 2004 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 SOLOMON, JACK  
STREET ADDRESS 3185 HORSESHOE DR S  
CITY-ST-ZIP NAPLES, FL 34104

TITLE VSTD  
NAME SOLOMON, ANTHONY  
STREET ADDRESS 3185 HORSESHOE DR S  
CITY-ST-ZIP NAPLES, FL 34104

TITLE VP  
NAME TAYLOR, MARK S.  
STREET ADDRESS 3185 HORSESHOE DR S  
CITY-ST-ZIP NAPLES, FL 34104

TITLE V  
NAME REINDERS, JIM M  
STREET ADDRESS 3185 HORSESHOE DR. S.  
CITY-ST-ZIP NAPLES, FL 34104

TITLE VD  
NAME BENNET, DAVE  
STREET ADDRESS 3185 HORSESHOE DR. S.  
CITY-ST-ZIP NAPLES, FL 34104

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 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/29/04**

Date

**(239) 649 6310**

Daytime Phone #