


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90053 023 ***150.00

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



Principal Place of Business Mailing Address

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


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

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



01102005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For

65-0694697 Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	<input type="checkbox"/> Delete
NAME	SOLOMON, JACK	
STREET ADDRESS	3185 HORSESHOE DR S	
CITY-ST-ZIP	NAPLES, FL 34104	
TITLE	VSTD	<input checked="" type="checkbox"/> Delete
NAME	SOLOMON, ANTHONY	
STREET ADDRESS	3185 HORSESHOE DR S	
CITY-ST-ZIP	NAPLES, FL 34104	
TITLE	VP	<input type="checkbox"/> Delete
NAME	TAYLOR, MARK S.	
STREET ADDRESS	3185 HORSESHOE DR S	
CITY-ST-ZIP	NAPLES, FL 34104	
TITLE	V	<input type="checkbox"/> Delete
NAME	REINDERS, JIM M	
STREET ADDRESS	3185 HORSESHOE DR. S.	
CITY-ST-ZIP	NAPLES, FL 34104	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BENNET, DAVE	
STREET ADDRESS	3185 HORSESHOE DR. S.	
CITY-ST-ZIP	NAPLES, FL 34104	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ST Ken Bloom	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	3185 Horseshoe Dr S	
STREET ADDRESS	Naples, FL 34104	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *K. Bloom* **Kenneth E. Bloom** **3-1-05** **239-649-6310**

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