


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90043 031 ***150.00

DOCUMENT # P96000072214 1. Entity Name RONTO DEVELOPMENTS OF FORT MYERS, INC.	
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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
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04052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0694697	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SOLOMON, JACK 3185 HORSESHOE DR S NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BLOOM, KEN 3185 HORSESHOE DR S NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TAYLOR, MARK S. 3185 HORSESHOE DR S NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V REINDERS, JIM M 3185 HORSESHOE DR. S. NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WELKS, KAREN 3185 HORSESHOE DR. S. NAPLES, FL 34104
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:  **4-9-07** **239-644-6310**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #