

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 16, 2004 8:00 am
Secretary of State

07-16-2004 90006 044 ***150.00

DOCUMENT # S73893

1. Entity Name /
RONTO MANAGEMENT GROUP, INC.



Principal Place of Business

3185 HORSESHOE DR S
1ST FLOOR
NAPLES, FL 34104 US

Mailing Address

3185 HORSESHOE DR S
1ST FLOOR
NAPLES, FL 34104 US



07022004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0280373

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, KEN E
3185 HORSESHOE DR S
1ST FLOOR
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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SOLOMON, JACK
STREET ADDRESS 3185 HORSESHOE DR S, 1ST FLOOR
CITY-ST-ZIP NAPLES, FL 34104

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

TITLE V
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 V
NAME BENNETT, 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

Date

Daytime Phone #

7-9-04