

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000068943

FILED  
May 02, 2011  
Secretary of State

**Entity Name:** FONTAINE & ASSOCIATES, INC.

**Current Principal Place of Business:**

109 SAGO PALM WAY  
PONTE VEDRA BEACH, FL 32082

**New Principal Place of Business:**

**Current Mailing Address:**

109 SAGO PALM WAY  
PONTE VEDRA BEACH, FL 32082

**New Mailing Address:**

FEI Number: 65-1132063

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FONTAINE, TODD  
109 SAGO PALM WAY  
PONTE VEDRA BEACH, FL 32082 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DPT  
Name: FONTAINE, TODD  
Address: 109 SAGO PALM WAY  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: DVS  
Name: FONTAINE, STEPHANIE  
Address: 109 SAGO PALM WAY  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT T FONTAINE

PRES

05/02/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date