

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18000038477

Entity Name: FONTAINE INSURANCE AGENCY, INC.

Current Principal Place of Business:

509A N HARBOR CITY BLVD STE 1
MELBOURNE, FL 32935

Current Mailing Address:

509A N HARBOR CITY BLVD STE 1
MELBOURNE, FL 32935

FEI Number: 82-5385539

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FONTAINE, ROBERT W II
509A N HARBOR CITY BLVD STE 1
MELBOURNE, FL 32935 US

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

Officer/Director Detail :

Title D, P, S CEO
Name FONTAINE, ROBERT W II
Address 509A N HARBOR CITY BLVD STE 1
City-State-Zip: MELBOURNE FL 32935

Title D, VP, COO
Name FONTAINE, KERRY LYNN
Address 509A NORTH HARBOR CITY BLVD
SUITE 1
City-State-Zip: MELBOURNE FL 32935

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: FONTAINE, ROBERT W, II

PRESIDENT

03/09/2021

Electronic Signature of Signing Officer/Director Detail

Date