

**2019 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            DPS  
Name            FONTAINE, ROBERT W II  
Address        509A N HARBOR CITY BLVD STE 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:** ROBERT W. FONTAINE, II

**PRESIDENT**

**04/12/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date