

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # H44446**

1. Entity Name  
**FONTENAY REAL ESTATE INC.**



Principal Place of Business  
**535 PARK AVENUE NORTH  
STE 224  
WINTER PARK, FL 32789**

Mailing Address  
**P.O. BOX 1508  
WINTER PARK, FL 32790-1508**

**DO NOT WRITE IN THIS SPACE**



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-2603615**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**WILLIAMS, WARREN E.  
535 N. PARK AVE  
WINTER PARK, FL 32789**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

**000000853331  
03/26/08-80065-013 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	GARBE, UDO
STREET ADDRESS	P.O. BOX 1508
CITY - ST - ZIP	WINTER PARK, FL 327901508
TITLE	PST
NAME	GARBE, UDO
STREET ADDRESS	P.O. BOX 1508
CITY - ST - ZIP	WINTER PARK, FL 327901508
TITLE	VAS
NAME	GARBE, ANGELIKA
STREET ADDRESS	P.O. BOX 1508
CITY - ST - ZIP	WINTER PARK, FL 327901508
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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: Udo Garbe**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #