

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2004 08:00 AM
Secretary of State



DOCUMENT # K28259
 1. Entity Name
FONTAINE & SONS REIMBURSEMENT CONSULTANTS, INC.

Principal Place of Business Mailing Address
1225 S. ELLIS RD **1225 SOUTH ELLIS ROAD**
JACKSONVILLE FL 32205 **JACKSONVILLE FL 32205**
US **US**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt #, etc Suite, Apt #, etc.

City & State City & State

Zip Country Zip Country



MOORE CR2E034 (11/03)

4. FEI Number Applied For
59-2904169 Not Applicable

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

6. Name and Address of Current Registered Agent
FONTAINE, WILLIAM E., JR.
1225 SOUTH ELLIS RD
JACKSONVILLE FL 32205

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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: *William E. Fontaine, Jr.* 1/26/04
Signature typed or printed name of registered agent acceptable if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	FONTAINE, WILLIAM E., JR	
STREET ADDRESS	1225 SOUTH ELLIS RD	
CITY - ST - ZIP	JACKSONVILLE FL 32205	
TITLE	V	<input type="checkbox"/> Delete
NAME	FONTAINE, REBECCA, L	
STREET ADDRESS	1225 SOUTH ELLIS RD	
CITY - ST - ZIP	JACKSONVILLE FL 32205	
TITLE	S	<input type="checkbox"/> Delete
NAME	FONTAINE, WILLIAM, E, III	
STREET ADDRESS	1225 SOUTH ELLIS RD	
CITY - ST - ZIP	JACKSONVILLE FL 32205	
TITLE	T	<input type="checkbox"/> Delete
NAME	FONTAINE, J, RYAN	
STREET ADDRESS	1225 SOUTH ELLIS RD	
CITY - ST - ZIP	JACKSONVILLE FL 32205	
TITLE	S	<input type="checkbox"/> Delete
NAME	FONTAINE, JUSTIN, L	
STREET ADDRESS	1225 SOUTH ELLIS RD	
CITY - ST - ZIP	JACKSONVILLE FL 32205	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

U00000078456
 03/08/04-80026-020 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *William E. Fontaine, Jr.* 1/26/04 (904) 783-0400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #