

**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 09, 2005 8:00 am**  
**Secretary of State**

02-09-2005 90042 001 \*\*\*150.00

**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



1st MOORE      CR2E034 (10/04)

4. FEI Number **59-2904169**      Applied For  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 *Same - William E Fontaine Jr*  
 Street Address (P.O. Box Number is Not Acceptable)  
*1225 South Ellis Rd*  
 City *Jacksonville*      **FL**      Zip Code *32205*

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* **President**      DATE *2/1/05*  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution.  **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		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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* **President**      DATE *2/1/05*      DAYTIME PHONE # *(904) 783-0400*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR