


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2008 08:00 AM
Secretary of State

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



Principal Place of Business
**1225 S. ELLIS RD
JACKSONVILLE FL 32205
US**

Mailing Address
**1225 SOUTH ELLIS ROAD
JACKSONVILLE FL 32205
US**



1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

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 **WILLIAM E FONTAINE JR**
Street Address (P.O. Box Number is Not Acceptable) **1225 SOUTH ELLIS ROAD**
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 *WM E Fontaine Jr* **WM E FONTAINE, JR** PRESIDENT **2/11/08**
SIGNATURE, typed or printed name of registered agent, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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 NAME STREET ADDRESS CITY-ST-ZIP	D FONTAINE, WILLIAM E., JR 1225 SOUTH ELLIS RD JACKSONVILLE FL 32205 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FONTAINE, REBECCA, L 1225 SOUTH ELLIS RD JACKSONVILLE FL 32205 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FONTAINE, WILLIAM, E, III 1225 SOUTH ELLIS RD JACKSONVILLE FL 32205 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FONTAINE, J, RYAN 1225 SOUTH ELLIS RD JACKSONVILLE FL 32205 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FONTAINE, JUSTIN, L 1225 SOUTH ELLIS RD JACKSONVILLE FL 32205 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: **WM E. FONTAINE, JR.** *WM E Fontaine Jr* 2/11/08 ⁽⁹⁰⁴⁾ 783-0400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #