



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2005 08:00 AM
Secretary of State

DOCUMENT # K34417	
1. Entity Name THE FOUNTAIN INN, INC.	

Principal Place of Business 3501 SOUTH PINE AVE. OCALA, FL 34471 US	Mailing Address 3501 SOUTH PINE AVE. OCALA, FL 34471 US
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DO NOT WRITE IN THIS SPACE



01032005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2911771	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CURRAN, JAMES F
3501 S. PINE AVE.
OCALA, FL 34471

**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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CURRAN, JAMES F 3501 S. PINE AVE. OCALA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S CURRAN, MARILYN 3501 S. PINE AVE. OCALA, FL
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 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: JAMES F CURRAN JAMES F. CURRAN, Pres 1-4-05 352-975-1280

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #