

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # K34417

1. Entity Name
THE FOUNTAIN INN, INC.



FILED

08 OCT 24 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3501 SOUTH PINE AVE.
OCALA, FL 34471 US

Mailing Address
3501 SOUTH PINE AVE.
OCALA, FL 34471 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10202008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

59-2911771

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
MARILYN CURRAN
Street Address (P.O. Box Number is Not Acceptable)
3501 S PINE AVE

City
OCALA

FL

Zip Code
34471

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 *Marilyn Curran*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Oct 23, 2008

Amended AR is \$61.25

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
P
CURRAN, JAMES F
3501 S. PINE AVE.
OCALA, FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
CURRAN, MARILYN
3501 S. PINE AVE.
OCALA, FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
CURRAN, MARILYN
3501 S PINE AVE
OCALA FL 34471 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500137250365
10/24/08--01025--001 **\$61.25 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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: *Marilyn Curran*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oct 23, 2008 (352)
8755302

Date

Daytime Phone #

10/24/08