

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 26, 2004 8:00 am**  
**Secretary of State**

02-26-2004 90017 035 \*\*\*\*61.25

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01082004 Chg-NP CR2E037 (10/03)

<b>DOCUMENT # N92000000750</b> 1. Entity Name <b>THE PETER J. FONTAINE FOUNDATION, INC.</b>					
Principal Place of Business <b>1509 S FLORIDA AVE LAKELAND, FL 33803 US</b>			Mailing Address <b>41 HILLTOP RD ASHEVILLE, NC 28803 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>190-B CONTINUUM DR.</b>		4. FEI Number <b>59-3157131</b> Applied For <input type="checkbox"/> Not Applicable	
City & State <b>FLETCHER, NC</b>		Suite, Apt. #, etc.			
City & State <b>FLETCHER, NC</b>		City & State <b>FLETCHER, NC</b>			
Zip <b>28732</b>		Country <b>Buncombe</b>			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent <b>FONTAINE, PETER J 1509 S FLORIDA AVE LAKELAND, FL 33803</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing <input type="checkbox"/> Trust Fund Contribution		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	<b>DP</b> <b>FONTAINE, PETER J</b> <b>1509 SOUTH FLORIDA AVE</b> <b>LAKELAND, FL 33803</b>	<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<b>D</b> <b>SMITH, CHARLES P</b> <b>1509 SOUTH FLORIDA AVENUE</b> <b>LAKELAND, FL 33803</b>	<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<b>DS</b> <b>GILLETTE, THEODORE</b> <b>10809 INDIAN HILLS COURT</b> <b>LARGO, FL 33777</b>	<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
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 617, 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.					
<b>SIGNATURE:</b> _____ <b>2/23/04</b> <b>(828) 684-7510</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					