


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 08, 2006 08:00 AM
Secretary of State

DOCUMENT # N92000000750	
1. Entity Name THE PETER J. FONTAINE FOUNDATION, INC.	

Principal Place of Business 1509 S FLORIDA AVE LAKELAND, FL 33803 US	Mailing Address 190-B CONTINUUM DR. FLETCHER, NC 28732 US
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01062006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3157131	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FONTAINE, PETER J 1509 S FLORIDA AVE LAKELAND, FL 33803

**DO NOT WRITE
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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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** _____

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

U00000425006
02/18/06-80077-007 61.25

10. OFFICERS AND DIRECTORS	
TITLE	DP
NAME	FONTAINE, PETER J
STREET ADDRESS	1509 SOUTH FLORIDA AVE
CITY-ST-ZIP	LAKELAND, FL 33803
TITLE	D
NAME	SMITH, CHARLES P
STREET ADDRESS	1509 SOUTH FLORIDA AVENUE
CITY-ST-ZIP	LAKELAND, FL 33803
TITLE	DS
NAME	GILLETTE, THEODORE
STREET ADDRESS	10809 INDIAN HILLS COURT
CITY-ST-ZIP	LARGO, FL 33777
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 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.

SIGNATURE:  **PETER J. FONTAINE, DIR./PRES. FEB 8, 2006 (828) 684-7510**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #