

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 08, 2007 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**

DO NOT WRITE IN THIS SPACE



01032007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3157131

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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
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 _____

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

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	

000000628838
02/16/07-80033-008 61.25

**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 my address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB. 6, 2007 (828)684-7510
Date Daytime Phone #