

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000108566**

1. Entity Name  
**FOUNTAIN FEATURES, INC.**



Principal Place of Business  
**727 1/2 EDGEWATER DR  
ORLANDO, FL 32804**

Mailing Address  
**727 1/2 EDGEWATER DR  
ORLANDO, FL 32804**



01052004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FET Number  
**NOT APPLICABLE**

Applied For  
**Not Applicable**

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**SIMONS, G  
727 1/2 EDGEWATER DR  
ORLANDO, FL 32804**

**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 resigning)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	SIMONS, G
STREET ADDRESS	727 1/2 EDGEWATER DR
CITY - ST - ZIP	ORLANDO, FL 32804
TITLE	DP
NAME	HAMILTON, WILLIAM A
STREET ADDRESS	727 1/2 EDGEWATER DR.
CITY - ST - ZIP	ORLANDO, FL 32804
TITLE	ST
NAME	PELL, TOM
STREET ADDRESS	727 1/2 EDGEWATER DR
CITY - ST - ZIP	ORLANDO, FL 32804
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000149641  
04/03/04-RD154-019 150.00

**DO NOT WRITE  
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)(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 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:** *Tom Pell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04-26-04**

Date

Daytime Phone #