

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000042646
1. Entity Name
FONTHIP GROVE, INC.



Principal Place of Business
21590 SW 368 ST.
FLORIDA CITY, FL 33034

Mailing Address
21590 SW 368 ST.
FLORIDA CITY, FL 33034

DO NOT WRITE IN THIS SPACE

01312004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1096980

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

Applied For
Not Applicable

6. Name and Address of Current Registered Agent

PHYSAYSAVATH, CHANDAY
21590 SW 368 ST.
FLORIDA CITY, FL 33034

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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 _____ (NOTE: Registered Agent signature required when reinstating) 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	PHYSAYSAVATH, CHADAY
STREET ADDRESS	21590 SW 368 ST.
CITY-ST-ZIP	FLORIDA CITY, FL 33034
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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02/10/04-80046-025 150.00

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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: *Chanday P. S. S. S.* **2-6-04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #