

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000059264

FILED
Jul 28, 2008
Secretary of State

Entity Name: FONTANEZ MANAGEMENT SERVICES, INC.

Current Principal Place of Business:

906 US HWY 17-92 SOUTH
DAVENPORT, FL 33837

New Principal Place of Business:

Current Mailing Address:

PO BOX 1926
DAVENPORT, FL 33836

New Mailing Address:

FEI Number: 59-3726765

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FONTANEZ, RAFAEL
906 HWY 1792 SOUTH
DAVENPORT, FL 33837 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FONTANEZ, RAFAEL
Address: PO BOX 1926
City-St-Zip: DAVENPORT, FL 33836

Title: STD () Delete
Name: FONTANEZ, ANTONIA
Address: PO BOX 1926
City-St-Zip: DAVENPORT, FL 33836

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTONIA FONTANEZ

STD

07/28/2008

Electronic Signature of Signing Officer or Director

_____ Date