

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000072913

1. Entity Name  
FONTAINE MANAGEMENT SERVICES, INC.



FILED

04 OCT -7 AM 9:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
3 ANNETTE DR  
W MELBOURNE, FL 32904

Mailing Address  
3 ANNETTE DR  
W MELBOURNE, FL 32904

2. Principal Place of Business  
614 E NEW HAVEN AVE  
Suite, Apt. #, etc.

3. Mailing Address  
SAME  
Suite, Apt. #, etc.

City & State  
MELBOURNE, FL

City & State

Zip  
32904

Country

US

Country  
US

07212004

Chg-P

CR2E034 (10/03)

4. FEI Number  
59-3742134

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FORTAINE, ROB  
3 ANNETTE DR  
MELBOURNE, FL 32904

SPELLING ERROR

7. Name and Address of New Registered Agent

Name  
FONTAINE, ROB

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

P  
FONTAINE, RHONDALEE M  
3 ANNETTE DR  
MELBOURNE, FL 32904

☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D  
FONTAINE, RHONDALEE M  
3 ANNETTE DR  
MELBOURNE, FL 32904

☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

S  
FONTAINE, RHONDALEE M  
3 ANNETTE DR  
MELBOURNE, FL 32904

☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

614 E. NEW HAVEN AVE  
MELBOURNE, FL 32904

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

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10/07/04--01021--017 \*\*150.00

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #