
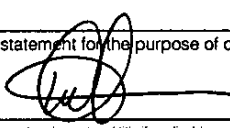
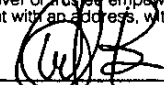


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2005 8:00 am
Secretary of State

05-09-2005 90292 029 ***150.00

DOCUMENT # P01000072913 1. Entity Name FONTAINE MANAGEMENT SERVICES, INC.					
Principal Place of Business 614 E NEW HAVEN AVE MELBOURNE, FL 32904			Mailing Address 614 E NEW HAVEN AVE MELBOURNE, FL 32904		
2. Principal Place of Business 3417 Peninsula Cr.		3. Mailing Address 3417 Peninsula Cr.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Melbourne FL		City & State Melbourne FL		4. FEI Number 59-3742134	
Zip 32940		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FONTAINE, ROB 3 ANNETTE DR MELBOURNE, FL 32904				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3417 Peninsula Cr. City Melbourne, FL Zip Code 32940	
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 Due by September 7, 2005			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS <input checked="" type="checkbox"/> Delete FONTAINE, RHONDALEE M 614 E NEW HAVEN AVE MELBOURNE, FL 32904			TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Robert W. Fontaine, II 3417 Peninsula Cr. Melbourne, FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	V President, Director, Sec <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Rhonda Lee M. Fontaine 3417 Peninsula Cr Melbourne, FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  Robert W. Fontaine, II, Pres 5/3/05 321-626-8450					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

50050822



05032005 Chg-P CR2E034 (10/03)

Change
address
only

attachment
50050822
PO1000072913
Fontaine Management Services, Inc.
3417 Peninsula Circle
Melbourne, Florida 32940
321-626-9702

May 2, 2005

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314
Re: P01000072913

To Whom It May Concern:

We were displaced with our business this year due to hurricanes, hence making a permanent move of our business location. To that end we are not receiving all our mail and did not receive a notice on the above referenced corporation for renewal from the state.

Enclosed are a check in the amount of \$150.00 and a downloaded renewal form that contains our new address.

Your consideration in the matter is greatly appreciated.

Sincerely,



Rhondalee M Fontaine, Sec
Fontaine Management Services, Inc.