2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000091971

FOUNTAIN DEVELOPERS, INC.



FILED
Apr 28, 2008 08:00 AN
Secretary of State

Principal Place of Business

Mailing Address

2045 FOUNTAIN PROFESSIONAL COURT STE B NAVARRE BEACH, FL 32566 2045 FOUNTAIN PROFESSIONAL COURT STE B NAVARRE BEACH, FL 32566



DO NOT WRITE IN THIS SPACE

04252008 No Chg-P CR2E034 (11/05)

4. FEI Number
47-0885441

5. Certificate of Status Desired

4 Applied For
Not Applicable

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FOUNTAIN, KENNETH R 8438 GULF BLVD NAVARRE BEACH, FL 32566 .

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 il applicable (NOTE: Registered A			red Agent signature required when reinstating)	DATE
FILE NOWILL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.				U00000927442 05/20/08-80106-013 150.00
10.	OFFICERS AND DIREC	CTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FOUNTAIN, BETTY 1901 RUE LA FONTAINE NAVARRE, FL 32566			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FOUNTAIN, GREGORY 1901 RUE LA FONTAINE NAVARRE, FL 32566			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	÷		IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY- ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

4/25/08

(850) 939-8770

Daytime Phone #