## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # P02000119295

1. Entity Name ROBERT FONTAINE PA



**FILED** Feb 04, 2004 08:00 AM Secretary of State

Principal Place of Business 75 TAMARIND DRIVE

Mailing Address

BIG COPPITT KEY, FL 33040

75 TAMARIND DRIVE BIG COPPITT KEY, FL 33040



02022004

No Chg-P

CR2E034 (10/03)

4. FEI Number 54-2084897

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FONTAINE, ROBERT 75 TAMARIND DRIVE BIG COPPITT KEY, FL 33040

## DO NOT WRITE IN THIS SPACE

| the obligat   | named entity submits this statement for the pations of registered agent. | ourpose of changing its registere                    | d office or i  | registered agent, or bo        | th, in the State of Florida. I am familiar v | vith, and accept |
|---|--|--|----------------|--------------------------------|--|------------------|
| SIGNATURE.  | Signature, typed or printed name of registered agent and title           | Il applicable (NOTE, Registered                      | Agent signatur | a required when reinstating)   | DATE   | ·                |
| FiLE NOW!!! FEE IS \$150.00<br>After May 1, 2004 Fee will be \$550.00 |  | Election Campaign Finan     Trust Fund Contribution. | cîng           | \$5.00 May Be<br>Added to Fees | U00000037101<br>02/06/04-80086-002           | 150.00           |
| 10.   | OFFICERS AND DIREC   | CTORS  |                |                                |  |                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-S1-ZIP                        | DPST FONTAINE, ROBERT 75 TAMARIND DRIVE BIG COPPITT KEY, FL 33040        | <del></del><br><del>.</del>                          |                |                                |  | · · · ·          |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP                             |  |  |                |                                |  |                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                    |  |  | DO NOT WRITE   |                                |  |                  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                 |  |  | IN THIS SPACE  |                                |  |                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        |  |  |                |                                |  |                  |
| TITLE   |  |  |                |                                |  |                  |

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 rustee 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 affachment with an address, with 3) other like empowered.

STREET ADDRESS CITY - ST-ZIP

.02/03/2004

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