

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-06-2004 90017 003 ***150.00

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DOCUMENT # P03000089917																																															
1. Entity Name FOUNTAINS MANAGEMENT, INC.																																															
Principal Place of Business 4910 - 14TH ST. W. SUITE 200 300 BRADENTON FL 34207			Mailing Address 4910 - 14TH ST. W. SUITE 200 300 BRADENTON FL 34207																																												
2. Principal Place of Business 4910 14 ST W Suite, Apt. #, etc. 300		3. Mailing Address 4910 14 ST W Suite, Apt. #, etc. 300		 MOORE. CR2E034 (11/03)																																											
City & State Bradenton, FL		City & State Bradenton, FL																																													
Zip 34207		Country USA																																													
4. FEI Number 51-8017908965-2		Applied For <input type="checkbox"/> Not Applicable																																													
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent HOLLIFIELD, BRIAN 4910 - 14TH STREET W. SUITE 200 300 BRADENTON FL 34207																																											
7. Name and Address of New Registered Agent Name: Brian Hollifield Street Address (P.O. Box Number is Not Acceptable): 4910 14 ST W Suite 300 City: Bradenton FL Zip Code: 34207																																															
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: 2-1-04																																															
9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.																																															
10. OFFICERS AND DIRECTORS																																															
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																															
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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 TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																															