

**2006 FORT PROFL CORPORATION
ANNUAL REPORT**

FILED
May 12, 2006 8:00 am
Secretary of State

04-26-2006 90187 022 ***150.00

DOCUMENT # P05000097657

1. Entity Name
FONTAINE FINANCIAL OF BREVARD, INC.



Principal Place of Business
**3417 PENINSULA CIRCLE
MELBOURNE, FL 32940**

Mailing Address
**3417 DELIBERATE A PEOPLE
MELBOURNE, FL 32940**

66016104



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04142006 Chg-P CR2E034 (11/05)

4. FEL Number
20-3159407

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FONTAINE, ROBERT W II
3417 PENINSULA CIRCLE
MELBOURNE, FL 32940**

Name

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 reappointing)

DATE

**FILE NOWIN FEE IS \$150.00
After May 1, 2006 Fee will be \$850.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **FONTAINE, ROBERT W II**
CITY-ST-ZIP **3417 PENINSULA CIRCLE
MELBOURNE, FL 32940**

TITLE ☐ Change ☐ Addition
NAME **Add Title of**
STREET ADDRESS **President, Sec, Director**
CITY-ST-ZIP **Robert W. Fontaine, II**

TITLE ☐ Delete
NAME **Fontaine**
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 registered trustee empowered to execute this report as required by Chapter 807, 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

4/14/06

321-752-8747

Typed or printed name of signing officer or director

Date

Daytime Phone