

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000089541**

1. Entity Name  
**FOUNTAIN LODGE, INC.**



Pr. Place of Business

27 ORLANDO DR  
SANFORD, FL 32773

Mailing Address

2706 ORLANDO DR  
SANFORD, FL 32773



01112006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3357879**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

MORAR, GOVIND N  
27 ORLANDO DR  
SANFORD, FL 32773

**DO NOT WRITE  
IN THIS SPACE**

8. 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 obligations of registered agent.

SIC

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**or May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET  
CITY  
D  
MORAR, GOVIND N  
2706 ORLANDO DR  
SANFORD, FL 32773

TITLE  
NAME  
STREET  
CITY  
D  
PATEL, USHA G  
2706 ORLANDO DR  
SANFORD, FL 32773

TITLE  
NAME  
STREET  
CITY

TITLE  
NAME  
STREET  
CITY

TITLE  
NAME  
STREET  
CITY

TITLE  
NAME  
STREET  
CITY

U00000387457  
01/30/06-80049-018 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 stated 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 this 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 required, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Govind N. Morar*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/17/2006*  
Date

Daytime Phone #