

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P99000095901

1. Entity Name
FOUNTAIN FARMS, INC.



Principal Place of Business
13220 225TH ROAD
LIVE OAK, FL 32060

Mailing Address
13220 225TH ROAD
LIVE OAK, FL 32060

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90220 022 ***158.75



02042004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3603542

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

FOUNTAIN, VERA
13220 225TH ROAD
LIVE OAK, FL 32060

**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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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 ADDRESS CITY- ST- ZIP	DPT FOUNTAIN, JAMES L 13220 225TH ROAD LIVE OAK, FL 32060
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DVS FOUNTAIN, JAMES L JR 13220 225TH ROAD LIVE OAK, FL 32060
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DVS FOUNTAIN, JAMES W 13220 225TH ROAD LIVE OAK, FL 32060
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IN THIS SPACE**

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:

James L. Fountain
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/04

Date

Daytime Phone #