


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 15, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 277256**  
 1. Entry Name  
 ALTON RAINBOW CORPORATION



Principal Place of Business 1188 LAKE VIEW DR. ALTAMONTE SPRGS, FL 32714 US	Mailing Address 1188 LAKE VIEW DR. ALTAMONTE SPRGS, FL 32714 US
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**DO NOT WRITE IN THIS SPACE**



01272004 No Chg-P CR2E034 (10/03)

4. Fed Number 59-1036515	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 MOFFIT, THOMAS H  
 1188 LAKE VIEW DR.  
 ALTAMONTE SPRINGS, FL 32714

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7. 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 withdrawing) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

8. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees


U00000088076  
 03/15/04-80037-012 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MOFFIT, THOMAS, JR
STREET ADDRESS	2483 RIVERTREE CIRCLE
CITY-ST-ZIP	SANFORD, FL 32771
TITLE	S
NAME	MOFFIT, ALICE
STREET ADDRESS	PO BOX 1327
CITY-ST-ZIP	LANSDALE, PA 19446
TITLE	PD
NAME	MOFFIT, THOMAS
STREET ADDRESS	PO BOX 1327
CITY-ST-ZIP	LANSDALE, PA 19446
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(b), 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 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 office-like empowered.

**SIGNATURE:**  **THOMAS H. MOFFIT** **3/12/04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #