


2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # 277256
 1. Entity Name
ALTON RAINBOW CORPORATION



Principal Place of Business Mailing Address
 1188 LAKE VIEW DR. 1188 LAKE VIEW DR.
 ALTAMONTE SPRGS, FL 32714 US ALTAMONTE SPRGS, FL 32714 US

DO NOT WRITE IN THIS SPACE



04082005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 59-1036515 Not Applicable

5. Certificate of Status Desired \$8.75 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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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 re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$350.00

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

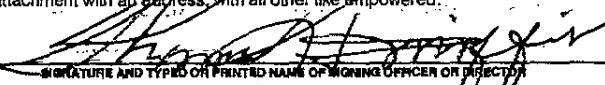
10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MOFFIT, THOMAS, JR
STREET ADDRESS	2493 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	

DO NOT WRITE IN THIS SPACE

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 04/15/05-80084-001 150.00

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:  **THOMAS H. MOFFIT** 4/11/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #