


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # F01000005378	
1. Entity Name ESCAPEES RAINBOW PARKS UNLIMITED, INC.	

Principal Place of Business 100 RAINBOW DR. LIVINGSTON, TX 77351	Mailing Address 100 RAINBOW DR. LIVINGSTON, TX 77351
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DO NOT WRITE IN THIS SPACE



01262004 No Chg-P CR2E034 (10/03)

4. FEI Number 76-0671185	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  TERRY T. NEAL PA 605 WEST MAGNOLIA ST. LEESBURG, FL 34749
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$350.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD CARR, ROBERT W RT-10, BOX 8170 LIVINGSTON, TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CARR, CATHIE M RT-10, BOX 8170 LIVINGSTON, TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PETERSON, JOSEPH H 100 RAINBOW DR. LIVINGSTON, TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PETERSON, KAY M 100 RAINBOW DR. LIVINGSTON, TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMES, SCOTT 100 RAINBOW DR LIVINGSTON, TX 77351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PENELOPE, SCOTT 100 RAINBOW DR LIVINGSTON, TX 77351

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02/04/04-80087-005 158.75

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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)(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: 	1/26/04 (802) 580-4289
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>