

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 19, 2007 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



04032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
76-0671185

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TERRY T. NEAL PA
605 WEST MAGNOLIA ST.
LEESBURG, FL 34749

**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

4/12/07

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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
PCD
CARR, ROBERT W
100 RAINBOW DR
LIVINGSTON, TX 77351

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
CARR, CATHIE M
100 RAINBOW DR
LIVINGSTON, TX 77351

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
PETERSON, JOSEPH H
100 RAINBOW DR
LIVINGSTON, TX 77351

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
PETERSON, KAY M
100 RAINBOW DR
LIVINGSTON, TX 77351

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

**DO NOT WRITE
IN THIS SPACE**

U00000716266

04/30/07-80001-011-150.00

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/12/07

800-580-4269