2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

May 11, 2005 08:00 AM DOCUMENT # F98106 **Secretary of State** 1. Entity Name RAINBOW SPRINGS WATER CO., INC. Principal Place of Business_ Mailing Address 17879 SE 95TH ST. RD OCKLAWAHA FL 32179 17879 SE 95TH ST. RD OCKLAWAHA FL 32179 2. Principal Place of Business_ 3. Mailing Address Suite, Apt #, etc. Suite, Apt #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-2222574 Not Applicable Zip Country Zìp Country \$8.75 Additional \Box 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FREEL, DARLENE V Street Address (P.O. Box Number is Not Acceptable) 17879 SE 95TH ST RD OCKLAWAHA FL 32179 City Zip Code 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 | 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550,00 Trust Fund Contribution, Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Addition TITLE THLE Delete Change 000000366179 FREEL, DANA L NAME ns/11/05-80034-010 150.00 STREET ADDRESS 17879 SE 95TH ST. RD STREET ADDRESS CITY - ST - ZIP OCKLAWAHA FL 32179 CITY-ST-ZIP Delete TITLE THUE Change ☐ Addition NAME FREEL, DANA L NAME STREET ADDRESS 17879 SE 95TH ST. RD. STREET ADDRESS CITY-ST-21P OCKLAWAHA FL 32179 CITY-ST-7IP TITLE ☐ Delete HHE Change ☐ Addition NAME NAME FREEL, DARLENE V STREET ADDRESS STREET ADDRESS 17879 SE 95TH ST. RD CHY-ST-ZIP CITY-ST-ZIP OCKLAWAHA FL 32179 TITLE ☐ Delete 1/11/6 Change Maddition Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete Hite Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP TUTLE ☐ Delete THE Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY: ST-ZIP CITY-ST-7IP

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 eath; 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 other like empowered.

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-05 352 288 1115

FILED