


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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**Apr 06, 1999 8:00 am**  
**Secretary of State**

04-06-1999 90044 003 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # H29074**

1. Corporation Name  
**RAINBOW ACRES DEVELOPMENT CORPORATION**



Principal Place of Business 149 BROCK STREET P.O. BOX 100 THAMESFORD, ONTARIO, CANADA N0M2M-0	Mailing Address 149 BROCK STREET P.O. BOX 100 THAMESFORD, ONTARIO, CANADA N0M2M-0
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 104 William Street		2a. Mailing Address 26 104 William Street		3. Date Incorporated or Qualified 11/05/1984	
22 Suite, Apt. #, etc. P.O. Drawer 2330		27 Suite, Apt. #, etc. P.O. Drawer 2330		4. FEI Number 59-2659779	
23 City & State Dunnellon, Florida		28 City & State Dunnellon, Florida		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip 34431 25 Country USA		29 Zip 34431 30 Country USA		6. Election Campaign Financing: Trust Fund Contribution <input type="checkbox"/> \$5.00-May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent OSWALD, DOUGLAS H. 21 N.E. 1ST AVE. OCALA FL 32870				10. Name and Address of New Registered Agent			
				81 Name Constance Duley			
				82 Street Address (P.O. Box Number is Not Acceptable) 104 William Street			
				83			
				84 City Dunnellon		85 Zip Code FL 34431	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE *Constance Duley* Constance Duley *Mar. 28-1999*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGERS, ROBERT F.	1.2 NAME	
STREET ADDRESS	11990 SOUTH WILLIAM STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	DUNNELLON FL	1.4 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRALEY, G. E.	2.2 NAME	
STREET ADDRESS	149 BROCK STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	THAMESFORD ON	2.4 CITY-ST-ZIP	
TITLE	PO <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DULEY, CONSTANCE	3.2 NAME	DULEY, CONSTANCE
STREET ADDRESS	11574 KENNESAW RD	3.3 STREET ADDRESS	11574 Kennesaw Rd.
CITY-ST-ZIP	DUNNELLON FL 34431	3.4 CITY-ST-ZIP	Dunnellon, Florida 34431
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEROUX, G.D.	4.2 NAME	
STREET ADDRESS	149 BROCK STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	THAMESFORD ON	4.4 CITY-ST-ZIP	
TITLE	SO <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOEBEL, E. JANE	5.2 NAME	
STREET ADDRESS	149 BROCK STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	THAMESFORD, ONTARIO, CANADA N0M2M-0	5.4 CITY-ST-ZIP	
TITLE	TO <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRILLON, MICHEL G	6.2 NAME	
STREET ADDRESS	149 BROCK STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	THAMESFORD, ONTARIO, CANADA N0M2M-0	6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Gary Braley* Gary Braley March 16, 1999 519-285-3940  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)