2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 23, 2004 8:00 am Secretary of State DOCUMENT # L77525 1. Entity Name 04-23-2004 90213 003 ***150.00 RAINBOW ELECTRIC COMPANY OF TAMPA BAY, INC. Principal Place of Business Mailing Address C/O JOHN COLLINS 11337 STARKEY RD C/O JOHN COLLINS 34033338 -11337 STARKEY RD LARGO FL 33773 LARGO FL 33773 US 2. Principal Place of Business 3. Mailing Address 9068 BRILITER 800P DIC 9068 BICIARWOOD DR Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) 4. FEI Number Applied For City & State City & State 59-3024130 SEMINDLE ۴L Not Applicable EMINOLE Country US \$8.75 Additional 5. Certificate of Status Desired 33772 Fee Bequired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COLLINS, JOHN-B. --Street Address (P.O. Box Number is Not Acceptable) 9068 BRILDWOODDE =11937 STARKEY RD -SUITE F1--SEMINOLE FL 33772 LARGO FL 33773 SEMINOLE 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) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS ☐ Change ח ☐ Delete TITLE TITLE COLLINS, JOHN B. NAME NAME 9068 BRIATWOOD 9068 BICIATWOOD DO 6006 SEMINOLE BLVD.: STE. 324 STREET ADDRESS STREET ADDRESS SEMINOLE FL-SEMINOLE FL 33772 CITY-ST-ZIP SEMINOLE CITY-ST-ZIP FL ☐ Change ☐ Addition ☐ Delete TITLE 9068 BRILLEWOOD DRIVE COLLINS, JOHN B. NAME NAME 4068 BRIGHTWOOD DR 6006 SEMINOLE BLVD, STE 324 STREET ADDRESS STREET ADDRESS SEMINOLE FL 33772 SEMINOLE-FL CITY-ST-ZIP SEMINOLE City-St-ZIP ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME MAME STREET ADDRESS STREET ADDRESS Wil. natifica ese testaftifitatiofuld. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME ្ន ព្រំបានស្រាស់ STREET ADDRESS STREET ADDRESS 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 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 paper like empowered.

4-21-04

FILED