2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2004 8:00 am
Secretary of State
07-13-2004 90007 037 ***150.00

DOCUMENT # P02000088449

1. Entity Name
RAINBOW SPRINKLER & POOL CO. INC.

Principal Place of Business
1460 GROVE STREET
EUSTIS, FL 32726

Mailing Address
1460 GROVE STREET
EUSTIS, FL 32726

44048163

07022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3534884

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HAGADORN, RONALD
1460 GROVE STREET
EUSTIS, FL 32726

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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 ________________________________ DATE

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HAGADORN, RONALD
STREET ADDRESS	1460 GROVE STREET
CITY-ST-ZIP	EUSTIS, FL 32726
TITLE	V
NAME	HAGADORN, HARRIETTE
STREET ADDRESS	1460 GROVE STREET
CITY-ST-ZIP	EUSTIS, FL 32726
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	Did not receive
NAME	
STREET ADDRESS	annual report &/or
CITY-ST-ZIP	
TITLE	post card to request
NAME	
STREET ADDRESS	annual report.
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Ronald L Hagadorn Ronald L Hagadorn 7-6-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #