


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 27, 2005 8:00 am**  
**Secretary of State**

05-27-2005 90024 009 \*\*\*150.00

<b>DOCUMENT # P02000088449</b> 1. Entity Name <b>RAINBOW SPRINKLER &amp; POOL CO. INC.</b>					
Principal Place of Business <b>1460 GROVE STREET EUSTIS, FL 32726</b>			Mailing Address <b>1460 GROVE STREET EUSTIS, FL 32726</b>		
2. Principal Place of Business <b>11717 HWY 441</b> Suite, Apt. #, etc.		3. Mailing Address <b>11717 HWY 441</b> Suite, Apt. #, etc.			
City & State <b>TAVARES FL</b>		City & State <b>TAVARES FL</b>		4. FEI Number <b>59-3534884</b>	
Zip <b>32778</b>		Country <b>LAKE</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>HAGADORN, RONALD 1460 GROVE STREET EUSTIS, FL 32726</b>		7. Name and Address of New Registered Agent Name <b>RONALD HAGADORN</b> Street Address (P.O. Box Number is Not Acceptable) <b>11717 HWY 441</b> City <b>TAVARES FL</b> <b>FL</b> Zip Code <b>32778</b>			
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 <u><i>Ronald L Hagadorn</i></u> DATE <b>5-19-05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HAGADORN, RONALD 1460 GROVE STREET EUSTIS, FL 32726	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD RONALD HADADORN 11717 HWY 441 TAVARES FL 32778	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V HAGADORN, HARRIETTE 1460 GROVE STREET EUSTIS, FL 32726	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	HARRIETTE HAGADORN 11717 HWY 441 TAVARES FL 32778	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 <u><i>Ronald L Hagadorn</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				5-19-05 <small>Date Daytime Phone #</small>	