## 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P02000088449  1. Entity Name RAINBOW SPRINKLER & POOL CO. INC.			05 SEF	FILED  05 SEP 14 AM 11: 13  DEUKLIARY OF STATE			
Principal Place of Business 11717 HWY 441 TAVARES, FL 32778	Mailing Address 11717 HWY 441 TAVARES, FL 32778		TALLA	IASSEE, FLOR	RIDA		
2. Principal Place of Business 34620 CATTAIL DR Suite, Apt. #, etc.	3. Mailing Address  34620 CATT  Suite, Apt. #, etc.	AIL DR		08182005 Chg-P CR2E034 (10/03)			
City & State EUSTIS FL	City & State EUSTIS FL		4. FEI Number 59-3534884		_ <del>                                    </del>	plied For t Applicable	
Zip Country 32736 LAKE  6. Name and Address of Current	Zip 32736 Registered Agent	Country LAKE	Certificate of Status I     Name and Address	pesiler	8.75 Add ee Required		
HAGADORN, RONALD 11717 HWY 441 TAVARES, FL 32778			Name HARRIETTE HAGADORN  Street Address (2.0. Box Number is Not Acceptable) 34620 CATTAIL DR				
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  (NOTE: Registered Agent signature required when reinstating)  DATE						and accept	
Amended AR.is.\$61.25  9. Election Campaign Financing \$5.00 May Be Added to Fees							
10.         ÖFFICERS AND           IITLE         PD           NAME         HAGADORN, RONALD           SIREET ADDRESS         11717 HWY 441           CITY-ST-ZIP         TAVARES, FL 32778	DIRECTORS Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES		□ Change 387	Addition	
TITLE V NAME HAGADORN, HARRIETTE STREET ADDRESS 11717 HWY 441 CITY-ST-ZIP TAVARES, FL 32778	□ Delete	NAME	HARRIETTE HAG 34620 CATTAIL EUSTIS FL 327	DR	Change Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	A.		Change	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.							