2006 FOR PROFIT CORPORATION ___ ANNUAL REPORT (AR)

DOCUMENT # P02000088449 1. Entity Name RAINBOW SPRINKLER & POOL CO. INC.					Mar 20, 2006 08:00 AM Secretary of State				
Principal Place of Business 34620 CATTAIL DR EUSTIS FL 32736		Mailing Address 34620 CATTAIL DR EUSTIS FL 32736							
2. Principal Place of Business		3. Mailing Address			11 44(111 82)12 1(3) 1 22 ()2 1	900 - 11 12 13)B)// B/8// B/B/B /-	1//44/ 12 /F44	
Suite. Apt. #, etc.		Suite, Apt. #, etc.			1st MOORE CR2E034 (10/05)				
City & State		City & State			4. FEI Number 59-3534884		·	oplied For ot Applical:	
Zip	Country	Zip	Country	y	5. Certificate	of Status Desired		\$8.75 Add Fee Require	
Name and Address of Current Registered Agent				Name	7. Name and	d Address of New R	egistered .	Agent	
346	GADORN, HARRIETTE 20 CATTAIL DR STIS FL 32736				P.O. Box Numb	er is Not Acceptable)		
			-	City			FL	Zip Cod	
	named entity submits this statement trons of registered agent.	for the purpose of changing it	ts registered	office or register	ed agent, or bo	oth, in the State of Flo			and accep
SIGNATURE	Signature, typed or grinlog name of registered ag-	ent and title of applicable INO	OTE Registeren A	Agent signature required	when remstating)		DATE		
After	ILE NOW!!! FEE IS \$150.00 May 1, 2006 Fee Will Be \$550. k Payable to Florida Department					9. Election Campa Trust Fund Conf	-		00 May Be ed to Fees
10.	OFFICERS AN	O DIRECTORS	11.		ADDITIONS	/CHANGES TO OFFI	CERS AND	DIRECTOR	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAGADORN, HARRIETTE 34620 CATTAIL DR EUSTIS FL 32736	☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZP		U000004 03/31/06-8	73232 0008-0	□ Change 16 150.	□ Addiša .00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	T)TLE NAME	ADDRESS				☐ Change	Additio
TITLE. NAME STREET AODRESS CITY-ST-ZIP		☐ Delete	TITLE NAME	AOORESS				Change	☐ Addilio
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET CITY-ST	ADDRESS T-ZIP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS GITY-ST-ZIP		☐ Delete	TATLE NAME STREET CITY-SI	ADDRESS I-71P				☐ Change	Addition
TITLE NAME STREET ABORESS CITY-S1-ZIP		□ Colete	TITLE NAME STREET CITY-SI	ADDRESS T-ZIP				☐ Change	☐ Addition
12. I hereby andicated of the conit change	certify that the information supplied in on this report or supplemental report poration or the receiver or trustee et al., or on an attachment with an addr	with this filing does not quality t is true and accurate and that inpowered to execute this repo ess, with all other like empowe	for the exer my signatur ort as require ered.	mptions contained re shall have the s ed by Chapter 60	d in Section 11 same legal effe 7, Florida Statu	9, Florida Statutes. I ct as if made under c ites; and that my nam	further cer path; that I a ne appears	tify that the i am an officer in Block 10	nformation or director or Block 11

SIGNATURE: TOward & Hagadorn 3-15-6 352-483-3100
SIGNATURE and Typed on Printed Name or Signing Officer Off Director Date Date Descripe Printed &

FILED