

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90046 013 ***150.00

DOCUMENT # P03000014013

1. Entity Name
RAINBOW SPRINGS HOMEBUILDERS, INC.



Principal Place of Business
8625 S.W. 200TH CIRCLE
DUNNELLON, FL 34431

Mailing Address
8625 S.W. 200TH CIRCLE
DUNNELLON, FL 34431

50004588



01102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
32-0067793

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

COLLINS, JAMES T
8625 S.W. 200TH CIRCLE
DUNNELLON, FL 34431

**DO NOT WRITE
IN THIS SPACE**

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)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME CLARKE, THOMAS A
STREET ADDRESS 760 PACIFIC RD., STE. 24
CITY-ST-ZIP OAKVILLE, ONTARIO, CANADA, L6L6M5

TITLE D
NAME NEWMAN, DON
STREET ADDRESS 760 PACIFIC RD., STE. 24
CITY-ST-ZIP OAKVILLE, ONTARIO, CANADA, L6L6M5

TITLE D
NAME COLLINS, JAMES T
STREET ADDRESS 8625 S.W. 200TH CIRCLE
CITY-ST-ZIP DUNNELLON, FL 34431

TITLE D
NAME SPENCER, DAVID A
STREET ADDRESS 760 PACIFIC RD., STE. 24
CITY-ST-ZIP OAKVILLE, ONTARIO, CANADA, L6L6M5

TITLE
NAME
STREET ADDRESS
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

J.T. COLLINS VICE PRESIDENT

1/14/05

(352) 489-2525