## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P95000058611

1. Entity Name

RAINFLOW OF TAMPA BAY, INC.



FILED
May 15, 2006 08:00 AM
Secretary of State

Principal Place of Business

6207 NORTH FLORIDA AVE. TAMPA, FL 33604 Mailing Address

6207 NORTH FLORIDA AVE. TAMPA, FL 33604

## DO NOT WRITE IN THIS SPACE

05102006 N

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3326979 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HUNTER, DENNIS C 6207 NORTH FLORIDA AVE. TAMPA, FL 33604

## DO NOT WRITE IN THIS SPACE

|  |  |   |                           | IN THIS SPACE                          |  |  |
|--|--|---|---------------------------|--|--|--|
| 8. The above the obligat                       | named entity submits this statement for the ions of registered agent.  | purpose of changing its rec                 | gistered office or re     | agistered agent, or bo                 | oth, in the State of Florida. I am familiar with, and accept   |  |
| SIGNATURE                                      |  |   | egistered Agent signature | required when reinstating)             | DATE   |  |
|  | LE NOWIII FEE IS \$150.00<br>ue by September 6, 2006                   | 9. Election Campaign<br>Trust Fund Contribu |                           | \$5.00 May Be<br>Added to Fees         | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.   |  |
| 10.  | OFFICERS AND DIR   | ECTORS                                      |                           |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          | D<br>HUNTER, DENNIS C<br>3190 W. DE BAZAN AVE<br>ST PETE BCH, FL 33706 |   |                           |  | U00000564277<br>05/20/06-80052-022 150.00  |  |
| TITLE NAME STREET ADDRESS GITY-ST-ZIP          | S<br>HUNTER, ELENA<br>3190 W. DE BAZAN AVE<br>ST PETE BCH, FL 33706    |   |                           |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |   |                           | DO                                     | NOT WRITE  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |  |   | !                         | IN '                                   | THIS SPACE   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |  |   |                           | •                                      |  |  |
| TITLE  |  |   |                           | ****** · · · · · · · · · · · · · · · · | and the second of the second o |  |

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

HUNTER

SIGNATURE

NAME STREET ADDRESS CITY- ST- ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

110/06

0/3 - 0/36-5 907 Daytime Phone #