

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F51160

**Entity Name:** RAINBOW RINKS, INC.

**Current Principal Place of Business:**

12219 S. ISTACHATTA RD.  
FLORAL CITY, FL 34436

**Current Mailing Address:**

12219 S ISTACHATTA RD  
FLORAL CITY, FL 34436 US

**FEI Number:** 59-2135198

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MORRIS, H. EUGENE  
12219 S. ISTACHATTA RD  
FLORAL CITY, FL 34436 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title DPT  
Name MORRIS, HAROLD EUGENE JR  
Address 12219 S ISTACHATTA RD  
City-State-Zip: FLORAL CITY FL 34436

Title VSD  
Name MORRIS,H. EUGENE  
Address 12219 S ISTACHATTA RD  
City-State-Zip: FLORAL CITY FL 34436

Title SEC  
Name MORRIS H. EUGENE  
Address 12219 S. ISTACHATTA RD.  
City-State-Zip: FLORAL CITY FL 34436

Title TRES  
Name MORRIS H. EUGENE  
Address 12219 S. ISTACHATTA RD.  
City-State-Zip: FLORAL CITY FL 34436

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** H.EUGENE MORRIS

**PRES**

**02/13/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date