


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 25, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000117338**

1. Entity Name  
**RAINBOW COMMUNITY CARE, INC.**



Principal Place of Business <b>708 KINGSWOOD LP BRANDON, FL 33511-7012</b>	Mailing Address <b>708 KINGSWOOD LP BRANDON, FL 33511-7012</b>
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**DO NOT WRITE IN THIS SPACE**



08222004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>47-0891520</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**DANIEL, GARY S  
708 KINGSWOOD LP  
BRANDON, FL 33511-7012**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DANIEL, GARY S 708 KINGSWOOD LP BRANDON, FL 335117012
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD DANIEL, MICHELLE 708 KINGSWOOD LP BRANDON, FL 335117012
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD JOSEPHS, CAROL 2504 CULBREATH COVE COURT VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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08/25/04-80004-007 558.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(f), 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: *Gary S. Daniel* **8-27-2004** (813) 610-0400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #