

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000076088			
1. Entity Name RAINBOW GROUP HOME, INC.			
Principal Place of Business 6101 MELBOURNE AVENUE ORLANDO, FL 32835		Mailing Address 6101 MELBOURNE AVENUE ORLANDO, FL 32835	
			
		02252008 No Chg-P CR2E034 (11/05)	
4. FEI Number 52-2120497		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
SMALL, BEVERLY 2118 AMBASSADOR COURT ORLANDO, FL 32808			
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, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	A		
NAME	CALLUM, BEVERLY		
STREET ADDRESS	2118 AMBASSADOR COURT		
CITY-ST-ZIP	ORLANDO, FL 32808		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. I hereby 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.			
SIGNATURE: <i>Beverly Call</i>		3/10/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	