


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90080 043 ***150.00

DOCUMENT # 222353	
1. Entity Name RAINBOW ELECTRONICS, INCORPORATED	

Principal Place of Business 81 NORTH 9TH STREET DEFUNIAK SPRINGS FL 32433	Mailing Address 81 NORTH 9TH STREET DEFUNIAK SPRINGS FL 32433
-----------------------------------------------------------------------------------------	-----------------------------------------------------------------------------

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/04)

4. FEI Number 59-0865577		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GRICE, WARREN A 81 N 9TH STREET DEFUNIAK SPRINGS FL		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
-----------------------------------------------------------------------------------------------------------------------	--	-----------------------------------------------------------------------------------------------------------------------------------------	--

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 *Warren A. Grice* (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
-------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PV GRICE, WARREN A. 201 9TH ST DEFUNIAK SPRINGS FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Warren A. Grice <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 81 North 9th Street Defuniak Springs FL 32433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GRICE, SHIRLEY 201 9TH ST DEFUNIAK SPRINGS FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jackie Grice <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 81 North 9th Street Defuniak Spgs, FL 32433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRICE, SHIRLEY 201 9TH ST DEFUNIAK SPRINGS FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jackie Grice <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 81 North 9th Street Defuniak Spgs, FL 32433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OWENS, CHARLES G 258 NE 22ND STREET DELRAY BEACH FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Warren A. Grice <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 81 North 9th Street Defuniak Spgs, FL 32433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRICE, WARREN A 201 9TH ST DEFUNIAK SPRINGS FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Warren Grice <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 81 North 9th Street Defuniak Spgs, FL 32433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 *Warren A. Grice* 1-25-05 850-892-3444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #