

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2006 08:00 AM
Secretary of State

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**



04242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0865577

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GRICE, WARREN A
81 N 9TH STREET
DEFUNIAK SPRINGS, FL**

**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

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PV
NAME	GRICE, WARREN A.
STREET ADDRESS	81 NORTH 9TH STREET
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433
TITLE	S
NAME	GRICE, SHIRLEY
STREET ADDRESS	81 NORTH 9TH STREET
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433
TITLE	D
NAME	GRICE, SHIRLEY
STREET ADDRESS	81 NORTH 9TH STREET
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433
TITLE	D
NAME	GRICE, WARREN A
STREET ADDRESS	81 NORTH 9TH STREET
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433
TITLE	D
NAME	GRICE, WARREN A
STREET ADDRESS	81 NORTH 9TH STREET
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000536595
05/08/06-80100-015 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Warren A. Grice
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/06
Date

850-892-3444
Daytime Phone #