

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91007 021 ***150.00

DOCUMENT # 505481

1. Entity Name
RAINBOW CARPET ONE, INC.



Principal Place of Business
**2423 EAST EDGEWOOD DRIVE
LAKELAND, FL 33803**

Mailing Address
**POST OFFICE BOX 3487
WINTER HAVEN, FL 33885**

24067480

**1073 Idlywild Dr.
Winter Haven, FL 33881**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04302004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-1680009

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEGGETT, ELOISE K
2123 E. EDGEWOOD DR.
LAKELAND, FL 33803**

Name **DAVID W. Leggett**

Street Address (P.O. Box Number is Not Acceptable)

1073 Idlywild Dr.

City

Winter Haven

FL

Zip Code

33881

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTD** ☒ Delete
NAME **LEGGETT, FRANK E.**
STREET ADDRESS **534 HOLLOWAY SHORES DR.**
CITY-ST-ZIP **LAKELAND, FL 33801**

TITLE **DPTS** ☐ Change ☒ Addition
NAME **David W. Leggett**
STREET ADDRESS **1073 Idlywild Dr.**
CITY-ST-ZIP **Winter Haven, FL 33881**

TITLE **SVD** ☒ Delete
NAME **LEGGETT, ELOISE K.**
STREET ADDRESS **534 HOLLOWAY SHORES DR.**
CITY-ST-ZIP **LAKELAND, FL 33801**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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:

David W. Leggett

DAVID LEGGETT

PRESIDENT

863-559-7961

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #