



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 12, 2007 8:00 am**  
**Secretary of State**

07-12-2007 90056 034 \*\*\*150.00

<b>DOCUMENT # 609087</b> 1. Entity Name <b>RAINBOW ENGRAVING, INCORPORATED</b>					
Principal Place of Business <b>902 WEST ROBERTSON STREET BRANDON, FL 33511 US</b>				Mailing Address <b>902 WEST ROBERTSON STREET BRANDON, FL 33511 US</b>	
2. Principal Place of Business - No P.O. Box # <b>201 E Robertson St</b>		3. Mailing Address <b>201 E Robertson St</b>			
Suite, Apt. #, etc. 		Suite Apt. #, etc. 		07092007    Chg-P    CR2E034 (12/06)	
City & State <b>Brandon FL</b>		City & State <b>Brandon FL</b>		4. FEI Number <b>59-1884229</b>	
Zip <b>33511</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>CRABB, LORRAINE E. 902 WEST ROBERTSON STREET BRANDON, FL 33511</b>				7. Name and Address of New Registered Agent Name <b>Diana L Jewell</b> Street Address (P.O. Box Number is Not Acceptable) <b>201 E Robertson Street</b> City <b>Brandon</b> <b>FL</b> Zip Code <b>33511</b>	
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 _____ <small>Signature, typed or printed name of registered agent for this filing. (NOTE: Registered Agent signature required on this filing.)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 30, 2007</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD CRABB, LORRAINE 3318 PINE TOP VALRICO, FL 33594	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CRABB, ARCHIE M. 3318 PINE TOP VALRICO, FL 33594	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Deceased	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V JEWELL, DIANA 1910 DURANT RD VALRICO, FL 33594	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS Vice President - Secretary	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V LAURA FARRAR 902 W ROBERTSON ST BRANDON, FL 33511	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT President & Treasurer	
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	
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 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: <u>Diana L Jewell</u> 7-9-07    813-6850792 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					