

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 639330

FILED  
Feb 14, 2009  
Secretary of State

Entity Name: FLOWERS OF THE RAINBOW, INC.

**Current Principal Place of Business:**

557 S. YONGE ST.  
ORMOND BCH., FL 32174 US

**New Principal Place of Business:**

**Current Mailing Address:**

557 S. YONGE ST.  
ORMOND BCH., FL 32174 US

**New Mailing Address:**

FEI Number: 59-1944114

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NORTHEY, CHARLES R SR  
6 SHERWOOD DR  
ORMOND BEACH, FL 32174 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SAUVE, LORINDA N,  
Address: 6 SHERWOOD DR  
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: VD ( ) Delete  
Name: SAUVE, CLOIDE R,  
Address: 6 SHERWOOD DR  
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: STD ( ) Delete  
Name: NORTHEY, ANN T,  
Address: 6 SHERWOOD DR  
City-St-Zip: ORMOND BEACH, FL 32174 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LORINDA N SAUVE

PD

02/14/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date