

FILED
Jun 02, 2004 8:00 am
Secretary of State

04-30-2004 90278 050 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # G04216			
1. Entity Name RAINBOW FASTENER, CORP.			
Principal Place of Business 390 HICKMAN DRIVE P. O. BOX 470010 SANFORD, FL 32771 US		Mailing Address P. O. BOX 470010 P. O. BOX 470010 LAKE MONROE, FL 32747-0010 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2267000		Applied For Not Applicable	
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	
STEPHENS, CHRISTEL E 390 HICKMAN DR SANFORD, FL 32772		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: <u>Christel E. Stephens</u> <u>CHRISTEL E. STEPHENS</u> <u>4-26-04</u> Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when remaining) 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 NAME STREET ADDRESS CITY - ST - ZIP	PD STEPHENS, CHRISTEL E 1790 ORANGE BLVD. SANFORD, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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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 to this report, with all other like empowered.			
SIGNATURE: <u>Christel E. Stephens</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		5-19-04 407-322-6897 Date Daytime Phone #	