2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # M92064

1. Entity Name
RAINBOW TITLE COMPANY

Principal Place of Business

20702 W PENNSYLVANIA AVE
DUNNELLON, FL 34431   US

Mailing Address

20702 W PENNSYLVANIA AVE
DUNNELLON, FL 34431   US

DO NOT WRITE IN THIS SPACE

01102004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-2901253	Not Applicable

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

6. Name and Address of Current Registered Agent

DAMONTE, JONATHAN JAMES
12110 SEMINOLE BLVD
LARGO, FL 33778

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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

U00000073953
03/02/04-80057-022 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	POST, WILLIAM A.
STREET ADDRESS	20702 W PENN AVE
CITY-ST-ZIP	DUNNELLON, FL

TITLE	D
NAME	DAMONTE, JONATHAN JAMES
STREET ADDRESS	12110 SEMINOLE BLVD
CITY-ST-ZIP	LARGO, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

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 with an address, with all other like empowered.

SIGNATURE: _William a Post_ Pres   3-1-04   353-489-3700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #