

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 15, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000094872

1. Entity Name

RAINBOW ENTERPRISES OF SARASOTA, INC.



Principal Place of Business

RAINBOW ENTERPRISES OF SARASOTA INC
7806 34TH CT EAST
SARASOTA FL 34243
US

Mailing Address

RAINBOW ENTERPRISES OF SARASOTA INC
7806 34TH CT EAST
SARASOTA FL 34243
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number 65-1047020

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

MORAN, MICHAEL
2197 RINGING BLVD
SUITE 107
SARASOTA FL 34237

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

For the corporation, president, chairman of the board, or authorized officer.

NOTE: Registered Agent's name must be included.

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME BOOTH, GEORGE
STREET ADDRESS 7806 34TH COURT EAST
CITY-STATE-ZIP SARASOTA FL 34243

TITLE D ☐ Delete
NAME FALCONER, GARY
STREET ADDRESS 7806 34TH COURT EAST
CITY-STATE-ZIP SARASOTA FL 34243

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000000828890
CITY-STATE-ZIP 02/26/08-80020-007 150.00

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

TITLE ☐ Change ☐ Addition
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CITY-STATE-ZIP

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NAME
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CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: GARY F. FALCONER, CEO/President 02/13/08 941-518-4916
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR