


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 02, 2005 8:00 am
Secretary of State

09-02-2005 90022 001 *****8.75
09-02-2005 90022 002 ***150.00

DOCUMENT # P02000016233	
1. Entity Name ATHENS RAINBOW, INC.	

Principal Place of Business 624 ATHENS STREET TARPON SPRINGS, FL 34689	Mailing Address 624 ATHENS STREET TARPON SPRINGS, FL 34689
--	--

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



08222005 Chg-P CR2E034 (10/03)

4. FEI Number 03-0430836		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SCHMIDT, MILTON H 10819 ALICO PASS NEW PORT RICHEY, FL 34655		7. Name and Address of New Registered Agent Name <u>Schmidt, Milton H</u> Street Address (P.O. Box Number is Not Acceptable) <u>624 ATHENS ST</u> City <u>Tarpon Springs</u> FL Zip Code <u>34689</u>	

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 Milton H. Schmidt (NOTE: Registered Agent signature required when reinstating) 8-25-05 DATE

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees	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	DPS SCHMIDT, MILTON H 624 ATHENS STREET TARPON SPRINGS, FL 34689 <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	DVT SCHMIDT, JANET L 624 ATHENS STREET TARPON SPRINGS, FL 34689 <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
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
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 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: Milton H. Schmidt 8-25-05 Date Daytime Phone #



ATTACHMENT

00020000

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

August 22, 2005

ATHENS RAINBOW, INC.
624 ATHENS STREET
TARPON SPRINGS, FL 34689

SUBJECT: ATHENS RAINBOW, INC.
Ref. Number: P02000016233

Upon receipt of your letter and/or check(s) totaling \$150.00, no document was found. Please send your document with any fees due to:

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.


The form submitted is not suitable for archiving. Please complete the enclosed form and return to our office.

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO THIS OFFICE WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Kristen Eckel
Document Specialist

Letter Number: 005A00053228

www..org

ATTACHMENT

6602670
Division of Corporations

2005 Annual Report

Listed below is the most recent information reported for the entity.
Please review and click the appropriate button at the bottom to generate the annual report form.

This information cannot be changed on the report.	
Document Number	P02000016233
Business Entity Name	ATHENS RAINBOW, INC.
Original File Date	02/07/2002

FEI Number 03-0430836

Principal Address 624 ATHENS STREET
TARPON SPRINGS, FL 34689Mailing Address 624 ATHENS STREET
TARPON SPRINGS, FL 34689Registered Agent MILTON H SCHMIDT
~~10819 ALICO PASS~~ 624 ATHENS ST
~~NEW PORT RICHEY, FL 34655 US~~
TARPON SPRINGS, FL 34689

Officer/Director Name And Address

DPS
MILTON H SCHMIDT
624 ATHENS STREET
TARPON SPRINGS, FL 34689DVT
JANET L SCHMIDT
624 ATHENS STREET
TARPON SPRINGS, FL 34689COULD NOT GET
CHANGES ON LINE

☐ After May 1 of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if notice was not received.

CHANGE OF
ADDRESS
AS FORM
REC'D

If all of the above information is correct If you need to make changes to