

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000041390



1. Entity Name

RAINBOW LIGHTING GALLERY, INC.

Principal Place of Business

GULF PLACE
7 TOWN CENTER LOOP, C-10
SANTA ROSA BEACH FL 32459

Mailing Address

216 SANTA BARBARA AVENUE
SANTA ROSA BEACH FL 32459

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number

04-3649325

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

FITZGERALD, MARIE F
216 SANTA BARBARA AVE
SANTA ROSA BEACH FL 32459

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

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May
Added to Fee

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME FITZGERALD, CHARLES R
STREET ADDRESS 216 SANTA BARBARA AVE
CITY- ST- ZIP SANTA ROSA BEACH FL 32459

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY- ST- ZIP
05/02/05-80136-023 150.00

TITLE TD ☐ Delete
NAME FITZGERALD, MARIE F
STREET ADDRESS 216 SANTA BARBARA AVE
CITY- ST- ZIP SANTA ROSA BEACH FL 32459

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
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CITY- ST- ZIP

TITLE ☐ Change ☐ Add
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TITLE ☐ Change ☐ Add
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STREET ADDRESS
CITY- ST- ZIP

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Marie Fitzgerald* MARIE FITZGERALD 4/28/05 850-267-996