

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2004 8:00 am**  
**Secretary of State**

03-01-2004 90041 049 \*\*\*150.00

<b>DOCUMENT # P02000135549</b>					
<b>1. Entity Name</b> RAINBOW INTERNATIONAL CARPET CARE AND RESTORATION SPECIALIST OF BREVARD, INC.					
<b>Principal Place of Business</b> 1550 ISLAND DRIVE MERRIT ISLAND, FL 32952			<b>Mailing Address</b> 1550 ISLAND DRIVE MERRIT ISLAND, FL 32952		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> PO Box 540381			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Merritt Island FL		<b>4. FEI Number</b> 42-1566820	
Zip		Country		Zip 32954	
Country		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> MARCOUX, DARLENE E 1550 ISLAND DRIVE MERRIT ISLAND, FL 32952			<b>7. Name and Address of New Registered Agent</b>		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D- MARCOUX, DARLENE E <input type="checkbox"/> Delete 1550 ISLAND DRIVE MERRIT ISLAND, FL 32952		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIP-T/51C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Marcoux, Darlene E 1550 Island Drive Merritt Island, FL 32952	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Marcoux Jr, Edward W 1550 Island Drive Merritt Island, FL 32952	
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	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Darlene Marcoux</u> <u>2-25-04</u> <u>321-452-4919</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					