

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 11, 2005 8:00 am**  
**Secretary of State**

03-11-2005 90314 034 \*\*\*150.00

**DOCUMENT # P02000135549**

1. Entity Name  
**RAINBOW INTERNATIONAL CARPET CARE AND  
RESTORATION SPECIALIST OF BREVARD, INC.**



Principal Place of Business  
**1550 ISLAND DRIVE  
MERRIT ISLAND, FL 32952**

Mailing Address  
**P.O. BOX 540381  
MERRITT ISLAND, FL 32954**

**50024867**

2. Principal Place of Business  
**1975 Sunrise Drive**  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.



03032005 Chg-P CR2E034 (10/03)

City & State  
**Merritt Island, FL**  
Zip  
**32952**  
Country  
**USA**

City & State  
Zip  
Country

4. FEI Number  
**42-1566820**  
Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MARCOUX, DARLENE E  
1550 ISLAND DRIVE  
MERRIT ISLAND, FL 32952**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**1975 Sunrise Drive**  
City  
**Merritt Island FL** Zip Code  
**32952**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
DPTS	MARCOUX, DARLENE E	1550 ISLAND DRIVE	MERRIT ISLAND, FL 32952	<input type="checkbox"/>
DV	MARCOUX, EDWARD W JR.	1550 ISLAND DR.	MERRITT ISLAND, FL 32952	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
DPTS	Marcoux, Darlene E	1975 Sunrise Drive	Merritt Island, FL 32952	<input checked="" type="checkbox"/>
DV	Marcoux, Edward W JR.	1975 Sunrise Drive	Merritt Island, FL 32952	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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:** Darlene Marcoux

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-7-05**

Date

**321-452-4919**

Daytime Phone #