


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 18, 2005 8:00 am**  
**Secretary of State**

02-18-2005 90058 004 \*\*\*150.00

<b>DOCUMENT # P03000061646</b>	
1. Entity Name <b>RAINBOW DINER, INC.</b>	

Principal Place of Business <b>1730 US 19 HOLIDAY FL 34691</b>	Mailing Address <b>1730 US 19 HOLIDAY FL 34691</b>
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2. Principal Place of Business <b>1730 US 19</b>	3. Mailing Address <b>1730 US 19</b>
Suite, Apt. #, etc. <b>Holiday Inn</b>	Suite, Apt. #, etc.
City & State <b>Daytona Beach</b>	City & State <b>Holiday Inn</b>
Zip <b>32117</b>	Country <b>FLORIDA</b>



1st MOORE CR2E034 (10/04)

4. FEI Number <b>03-0520244</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>
6. Name and Address of Current Registered Agent <b>TSIGOUNIS, ROBERT 5132 GLENN DRIVE NEW PORT RICHEY FL 34652</b>		
7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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

**2/14/05**

**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 Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TSIGOUNIS, ROBERT</b> <b>5132 GLENN DRIVE</b> <b>NEW PORT RICHEY FL 34652</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S. Maria Tsigounis</b> <b>5132 Glenn Drive</b> <b>New Port Richey Flor</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Anthony Tsigounis</b> <b>5132 Glenn Drive</b> <b>New Port Richey Flor</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D. 5132 Glenn Drive</b> <b>New Port Richey Flor</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>34652</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2/14/05**