


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

|   |  |   |
|---|--|---|
| DOCUMENT # P04000143593                           |  |  |
| 1. Entity Name<br>RAINBOW AUTO BODY & SALES, INC. |  |   |

|   |   |
|---|---|
| Principal Place of Business<br>2101 NW 82ND TERR.<br>SUNRISE, FL 33322-3947 | Mailing Address<br>2101 NW 82ND TERR.<br>SUNRISE, FL 33322-3947 |
|---|---|

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

|  |       |                                |                |
|--|-------|--------------------------------|----------------|
| 08052005   | Chg-P | CR2E034 (10/03)                | <i>JK 9/26</i> |
| 4. FEI Number<br><i>59-282-320426206-82</i>                          |       | Applied For<br>Not Applicable  |                |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> |       | \$8.75 Additional Fee Required |                |

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br>SIMPSON, ALFRED<br>2101 NW 82ND TERR.<br>SUNRISE, FL 33322-3947 |  |
|--|--|

|  |          |
|--|----------|
| 7. Name and Address of New Registered Agent        |          |
| 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 name and address change.) |
|-----------------|---|

|   |   |
|---|---|
| FILE NOW!!! FEE IS \$550.00<br>Due by September 7, 2005 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

|  |   |   |  |
|--|---|---|--|
| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>SIMPSON, ALFRED<br>2101 NW 82ND TERR.<br>SUNRISE, FL 333223947 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>900060033639<br>09/28/05--01008--005 **\$8.75 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>ROXBOROUGH, ROBERT<br>9381 NW 33RD MANOR<br>SUNRISE, FL 33351 <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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: <i>Alfred Simpson</i>                                   | <i>9 24 05</i> |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date           |

FILED  
05 SEP 22 PM 1:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

