

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000074666

FILED  
Apr 13, 2009  
Secretary of State

Entity Name: RAINBOW CATERING COMPANY, INC.

**Current Principal Place of Business:**

1983 IOWA AVE NE  
ST. PETERSBURG, FL 33703

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 20865  
ST PETERSBURG, FL 33742 US

**New Mailing Address:**

FEI Number: 65-0532307

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WELDON, CHARLTON P  
1983 IOWA AVE NE  
ST. PETERSBURG, FL 33703 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: WELDON, CHARLTON P  
Address: 1983 IOWA AVE NE  
City-St-Zip: ST. PETERSBURG, FL 33703

Title: MBR ( ) Delete  
Name: WELDON, CHRISTOPHER J  
Address: 10810 109TH WAY  
City-St-Zip: LARGO, FL 33778

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLTONP.WELDON

OWNE

04/13/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date