2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000045322

1. Entity Name
RAINBOW INSURANCE, INC.

Principal Place of Business	Mailing Address
1344 N STATE RD 7	1344 N STATE RD 7
MARGATE, FL 33063 US	MARGATE, FL 33063 US

DO NOT WRITE IN THIS SPACE

01072004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0665436	Not Applicable

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

6. Name and Address of Current Registered Agent

NEWMAN, LES
4739 TORTOISE SHELL DR
BOCA RATON, FL 33487

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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

FILE NOW!!! FEE IS $150.00 After May 1, 2004 Fee will be $550.00	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	NEWMAN, LESLIE
STREET ADDRESS	4739 TORTOISE SHELL DR
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	VPST
NAME	BERG, RITA
STREET ADDRESS	4854 RABBIT HOLLOW DR
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/12/04-80013-003 150.00

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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: _____   1/7/04   954-977-0047
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #