

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90029 048 ***150.00

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1. Entity Name
RAINBOW EMBROIDERY INC.



Principal Place of Business
**RAINBOW EMBROIDERY, INC.
120 VENETIAN WAY-UNIT 15
MERRITT ISLAND, FL 32953**

Mailing Address
**RAINBOW EMBROIDERY, INC.
120 VENETIAN WAY-UNIT 15
MERRITT ISLAND, FL 32953**



DO NOT WRITE IN THIS SPACE

01152005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3387198

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SPENCER, SAMUEL S
4275 SAVANNAHS TRAIL
MERRITT ISLAND, FL 32953**

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

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

7-15-05

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SPENCER, SAMUEL J
STREET ADDRESS	4275 SAVANNAHS TRAIL
CITY-ST-ZIP	MERRITT ISLAND, FL 32953 Home
TITLE	D
NAME	SPENCER, SAMUEL J
STREET ADDRESS	4275 SAVANNAHS TRAIL
CITY-ST-ZIP	MERRITT ISLAND, FL 32953
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  **SAMUEL J. SPENCER** **449-8884**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #