


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90306 037 \*\*\*150.00

<b>DOCUMENT # P97000013344</b>	
1. Entity Name <b>RAINBOW FLEA MARKET, INC.</b>	

Principal Place of Business <b>4628 TAMiami TrL CHARLOTTE HARBOR, FL 33980 US</b>	Mailing Address <b>4628 TAMiami TrL CHARLOTTE HARBOR, FL 33980 US</b>
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2. Principal Place of Business <b>220 EASTPARK DR.</b>	3. Mailing Address <b>220 EASTPARK DR.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>CELEBRATION, FL</b>	City & State <b>CELEBRATION, FL</b>
Zip <b>34747</b>	Country <b>OSCEOLA</b>
Zip <b>34747</b>	Country <b>OSCEOLA</b>



04152005 Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0724439</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent <b>MEEGAN, LORETTA 22129 BRONXVILLE AVE. PORT CHARLOTTE, FL 33952</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>220 EASTPARK DRIVE</b> City <b>CELEBRATION</b> FL Zip Code <b>34747</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MEEGAN, LORETTA 22129 BRONXVILLE AVE. PORT CHARLOTTE, FL 33952</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>220 EASTPARK DR. CELEBRATION, FL 34747</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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: Loretta Meehan** **LORETTA MEEGAN** **4-18-05** **321-939-2102**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #