

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 18, 2004 8:00 am**  
**Secretary of State**

03-18-2004 90034 018 \*\*\*150.00

**DOCUMENT # P98000027564**

1. Entity Name  
RAINBOW MOBILE HOME COLONY, INC.



Principal Place of Business  
2767 SO MILITARY TRAIL  
WEST PALM BEACH, FL 33415

Mailing Address  
2767 SO MILITARY TRAIL  
WEST PALM BEACH, FL 33415

**94031784**



03162004 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-0819873

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

LABANCA, DOMENICO  
2767 SO MILITARY TRAIL  
WEST PALM BEACH, FL 33415

**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, 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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PVD  
LABANCA, DOMENICA  
2767 SO MILITARY TRAIL  
WEST PALM BEACH, FL 33415

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
S  
LABANCA, AURORA  
2767 SO MILITARY TRAIL  
WEST PALM BEACH, FL 33415

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
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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:** *Domenico Labanca*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/16/04*  
Date

Daytime Phone # \_\_\_\_\_