

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2006 08:00 AM
Secretary of State

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



01102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0819873

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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 reappointing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1000000383589
01/13/06-800007-011 150.00

10. OFFICERS AND DIRECTORS

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

1/10/06
Date

Daytime Phone #