

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000056665

1. Entity Name
RAINBOW RETREAT, INC.



Principal Place of Business
**1310 S. PARK AVE.
SANFORD, FL 32771**

Mailing Address
**P.O. BOX 523
SANFORD, FL 32772-0523**



01272008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3585980

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MEADE, TENNYSON A
1310 S. PARK AVE.
SANFORD, FL 32771**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MEADE, TENNYSON A
STREET ADDRESS	1310 S. PARK AVE.
CITY- ST- ZIP	SANFORD, FL 32771
TITLE	D
NAME	MEADE, PEARLINE F
STREET ADDRESS	1310 S. PARK AVE.
CITY- ST- ZIP	SANFORD, FL 32771
TITLE	D
NAME	MEADE, DOUGLAS F
STREET ADDRESS	1310 S. PARK AVE.
CITY- ST- ZIP	SANFORD, FL 32771
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: *[Signature]*

26 JAN 08

407
3224317

SIGNATURES AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone