

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90176 007 ***150.00

DOCUMENT # S47398

1. Entity Name

RAINBOW DESIGNS, INC.



Principal Place of Business

835 -B 20TH PLACE
VERO BEACH FL 32960
US

Mailing Address

835 -B 20TH PLACE
VERO BEACH FL 32960
US



2. Principal Place of Business

976 14TH LANE

Suite, Apt. #, etc.

3. Mailing Address

976 14TH LANE

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

VERO BEACH, FL

City & State

VERO BEACH, FL

4. FEI Number

65-0262263

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

POLK, WILLIAM D
835 -B 20TH PLACE
VERO BEACH FL 32960

7. Name and Address of New Registered Agent

Name W. William D. Polk

Street Address (P.O. Box Number is Not Acceptable)

976 14TH LANE

City Vero Beach

FL

Zip Code 32960

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

4/29/06

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME POLK, WILLIAM D. ☐ Delete
STREET ADDRESS 170 15 AVE
CITY-ST-ZIP VERO BEACH FL

TITLE S
NAME POLK, PATRICIA E ☐ Delete
STREET ADDRESS 170 15TH AVE
CITY-ST-ZIP VERO BEACH FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

William D. Polk, President 4/29/06 5621999