

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 688140

FILED
Jan 03, 2007
Secretary of State

Entity Name: STEWART'S SLEEP CENTER, INC.

Current Principal Place of Business:

11750 CLEVELAND AVE.
FT. MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

3320 122ND AVE. N.
UNIT 3
ST. PETERSBURG, FL 33716

New Mailing Address:

FEI Number: 59-2043978 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MATTER, THOMAS M
3320 122ND AVE. N. #3
SAINT PETERSBURG, FL 33716 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MATTER, JOHN C.,
Address: 150 CARLYLE DR.
City-St-Zip: PALM HARBOR, FL 34683

Title: VP () Delete
Name: MATTER, STEWART W., II
Address: 6702 STONEGATE DR.
City-St-Zip: NAPLES, FL

Title: VP () Delete
Name: MATTER, THOMAS M.,
Address: 338 OLD OAK CIRCLE
City-St-Zip: PALM HARBOR, FL 34683

Title: VP () Delete
Name: MATTER, GARY F.,
Address: 6341 TIDEWATER ISLAND CIRCLE
City-St-Zip: FORT MYERS, FL 33908

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS M. MATTER

VP

01/03/2007

Electronic Signature of Signing Officer or Director

_____ Date