

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 688140

FILED
Jan 03, 2012
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:

40528 US 19 N.
TARPON SPRINGS, FL 34689

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
40528 US 19 N.
TARPON SPRINGS, FL 34689 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

OFFICERS AND DIRECTORS:

Title: P
Name: MATTER, JOHN C
Address: 11920 METRO PARKWAY
City-St-Zip: FT. MYERS, FL 33912

Title: VP
Name: MATTER, STEWART W II
Address: 11920 METRO PARKWAY
City-St-Zip: FT. MYERS, FL 33912

Title: VP
Name: MATTER, THOMAS M
Address: 11920 METRO PARKWAY
City-St-Zip: FT. MYERS, FL 33912

Title: VP
Name: MATTER, GARY F
Address: 11920 METRO PARKWAY
City-St-Zip: FORT MYERS, FL 33912

I hereby 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 all other like empowered.

SIGNATURE: THOMAS M. MATTER

VP

01/03/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date