

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # F02000002852	
1. Entity Name SEALY & COMPANY, INCORPORATED	

Principal Place of Business 333 TEXAS STREET, SUITE 1050 SHREVEPORT, LA 71101	Mailing Address 333 TEXAS STREET, SUITE 1050 SHREVEPORT, LA 71101
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DO NOT WRITE IN THIS SPACE



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number 72-1083463	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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 PETER F. SOUZA **ASSISTANT SECRETARY** 1/5/05
DATE

1. Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SEALY, MARK P 333 TEXAS STREET, SUITE 1050 SHREVEPORT, LA 71101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SEARS, CALVIN H 333 TEXAS STREET, SUITE 1050 SHREVEPORT, LA 71101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SEALY, SCOTT P 333 TEXAS STREET, SUITE 1050 SHREVEPORT, LA 71101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/19/05-80071-023 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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] 1/4/05
Date 718-222-8763
Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR