

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 688140

**Entity Name:** STEWART'S SLEEP CENTER, INC.

**Current Principal Place of Business:**

7801 US 19 N  
PINELLAS PARK, FL 33781

**Current Mailing Address:**

7801 US 19 N  
PINELLAS PARK, FL 33781 US

**FEI Number: 59-2043978**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

MATTER, THOMAS M  
7801 US 19 N  
PINELLAS PARK, FL 33781 US

*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

**Officer/Director Detail :**

Title P  
Name MATTER, JOHN C  
Address 7801 US HIGHWAY 19 N  
City-State-Zip: PINELLAS PARK FL 33781

Title VP  
Name MATTER, THOMAS M  
Address 7801 US HIGHWAY 19 N  
City-State-Zip: PINELLAS PARK FL 33781

Title VP  
Name MATTER, GARY F  
Address 7801 US HIGHWAY 19 N  
City-State-Zip: PINELLAS PARK FL 33781

*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 MATTER**

VP

01/23/2023

Electronic Signature of Signing Officer/Director Detail

Date