

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 688140

**FILED**  
**Jan 07, 2014**  
**Secretary of State**  
**CC8330612130**

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

**Current Principal Place of Business:**

11750 CLEVELAND AVE.  
FT. MYERS, FL 33907

**Current Mailing Address:**

40528 US 19 N.  
TARPON SPRINGS, FL 34689

**FEI Number: 59-2043978**

**Certificate of Status Desired: No**

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

MATTER, THOMAS M  
40528 US 19 N.  
TARPON SPRINGS, FL 34689 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 11920 METRO PARKWAY  
City-State-Zip: FT. MYERS FL 33912

Title VP  
Name MATTER, STEWART WII  
Address 11920 METRO PARKWAY  
City-State-Zip: FT. MYERS FL 33912

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

Title VP  
Name MATTER, GARY F  
Address 11920 METRO PARKWAY  
City-State-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**

**VICE PRESIDENT**

**01/07/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date