# 2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# 688140

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

## Name and Address of Current Registered Agent:

MATTER, THOMAS M 40528 US 19 N. TARPON SPRINGS, FL 34689 US FILED Jan 09, 2017 Secretary of State CC8699321072

Date

Certificate of Status Desired: No

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

# Officer/Director Detail :

Title	Ρ	Title	VP
Name	MATTER , JOHN C	Name	MATTER, STEWART WII
Address	11920 METRO PARKWAY	Address	11920 METRO PARKWAY
City-State-Zip:	FT. MYERS FL 33912	City-State-Zip:	FT. MYERS FL 33912
Title	VP	Title	VP
Title Name	VP MATTER, THOMAS M	Title Name	VP MATTER, GARY F

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

01/09/2017

Electronic Signature of Signing Officer/Director Detail

Date