## 2015 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 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

FILED Jan 08, 2015

**Secretary of State** 

CC4397691624

Officer/Director Detail:

Title P Title VF

 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

Name MATTER, THOMAS M Name MATTER, GARY F

Address 11920 METRO PARKWAY Address 11920 METRO PARKWAY

City-State-Zip: FT. MYERS FL 33912 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

01/08/2015