2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2019
Secretary of State
0496300545CC

DOCUMENT# G17172

Entity Name: WHOLESALE SLEEP DISTRIBUTORS OF LAKE CITY, INC.

Current Principal Place of Business:

1804 US HWY 90 W
LAKE CITY, FL 32055

Current Mailing Address:

1804 US HWY 90 W
LAKE CITY, FL 32055 US

FEI Number: 59-2241330

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DEROSIA, MICHELLE
215 N.W. FAIRWAY HILLS GLEN
UNIT 14
LAKE CITY, FL 32055 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: MICHELLE DEROSIA 01/28/2019

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PSD	Title	VTD
Name	POTTLE, CHRISTOPHER	Name	POTTLE, ELIZABETH B.
Address	P.O. BOX 3477	Address	P.O. BOX 3477
City-State-Zip:	LAKE CITY FL 32056	City-State-Zip:	LAKE CITY FL 32056

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: MICHELLE DEROSIA 01/28/2019

Electronic Signature of Signing Officer/Director Detail — Date