2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2019
Secretary of State
1696372081CC

DOCUMENT# P04000173233

Entity Name: WHOLESALE SLEEP CENTERS INC

Current Principal Place of Business:

1298 E NORVELL BRYANT HWY
HERNANDO, FL 34442

Current Mailing Address:

P. O. BOX 1541
HERNANDO, FL 34442

FEI Number: 20-2068984

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RAMOS, BRENNA
916 US HWY 41 SOUTH
INVERNESS, FL 34450 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 T
Name	CALCAGNI, II, EDWARD J
Address	1298 E NORVELL BRYANT HWY
City-State-Zip:	INVERNESS FL 34442

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: CALCAGNI, II , EDWARD J PRESIDENT 04/30/2019

Electronic Signature of Signing Officer/Director Detail — Date