2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 487407

1. Entity Name
PALM MATTRESS COMPANY

Principal Place of Business	Mailing Address
119 SUNSET AVE. POST OFFICE BOX 4634 WARRINGTON, FL 32507	119 SUNSET AVE. POST OFFICE BOX 4634 WARRINGTON, FL 32507

DO NOT WRITE IN THIS SPACE

01132004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-1627228	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RUSHING, EDWARD LLOYD
6504 PENTON ST
PENSACOLA, FL 32506

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when re-instating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2004 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	UN0000050761 02/16/04-80023-022 150.00

10.	OFFICERS AND DIRECTORS

TITLE	PD
NAME	RUSHING, LLOYD G.
STREET ADDRESS	1 PARK PLACE
CITY-ST-ZIP	WARRINGTON, FL

TITLE	V
NAME	RUSHING, EDWARD LLOYD
STREET ADDRESS	6504 PENTON ST
CITY-ST-ZIP	PENSACOLA, FL

TITLE	STD
NAME	RUSHING, JULIA O.
STREET ADDRESS	1 PARK PLACE
CITY-ST-ZIP	WARRINGTON, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: _Julia O. Rushing_   Julia O. Rushing   2-12-04   453-3448

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #