

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 526206

FILED
Jan 03, 2005
Secretary of State

Entity Name: LAND OF SLEEP, INC.

Current Principal Place of Business:

1285 US 41 BYPASS SOUTH
VENICE, FL 34285

New Principal Place of Business:

Current Mailing Address:

1285 US 41 BYPASS SOUTH
VENICE, FL 34285

New Mailing Address:

FEI Number: 59-1719384

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLOYD, LISA B
1285 US 41 BYPASS SOUTH
VENICE, FL 34285 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VPM () Delete
Name: BLOWERS, EVA D
Address: 4307 CAMINO REAL
City-St-Zip: SARASOTA, FL 34238

Title: P () Delete
Name: RYAN, JOHN W
Address: 891 HIGHLAND CIR
City-St-Zip: NOKOMIS, FL

Title: VPST () Delete
Name: FLOYD, LISA B
Address: 4728 ACORN CIRCLE
City-St-Zip: SARASOTA, FL 34233

Title: VPS () Delete
Name: BLOWERS, TINA M
Address: 2527 WATERVIEW CT
City-St-Zip: SARASTOA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPS (X) Change () Addition
Name: BLOWERS, TINA M
Address: 2400 ADAGIO WAY
City-St-Zip: SARASTOA, FL 34231

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: LISA B FLOYD

VPST

01/03/2005

Electronic Signature of Signing Officer or Director

Date