

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 526206

FILED  
Apr 14, 2008  
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: P ( ) Delete  
Name: RYAN, JOHN W  
Address: 75 CAVALLINI  
City-St-Zip: NOKOMIS, FL 34275

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: 2400 ADAGIO WAY  
City-St-Zip: SARASTOA, FL 34231

## 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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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

04/14/2008

Electronic Signature of Signing Officer or Director

Date