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May 28, 2004 8:00 am
Secretary of State
05-28-2004 90005 048 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 543153

1. Entity Name
THE BEDSPREAD PLACE, INC.

14023048

Principal Place of Business	Mailing Address
3100 TAMIAMI TR N (RTE 41) NAPLES, FL 33940	3100 TAMIAMI TR N (RTE 41) NAPLES, FL 33940

-02282004- No Chg-P. OR2E034 (10/03)

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4. FEI Number
59-1764465
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

EISEN, MARJORIE
2233 IMPERIAL GOLF CRSE
NAPLES, FL 33940

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	EISEN, MARJORIE
STREET ADDRESS	2233 IMPERIAL GOLF CRSE
CITY-ST-ZIP	NAPLES, FL
TITLE	VD
NAME	EISEN, DONALD
STREET ADDRESS	1112 RAINWOOD CIRCLE
CITY-ST-ZIP	PALM BCH GDNS, FL
TITLE	TSD
NAME	WILSECK, JOANNE
STREET ADDRESS	1947 EMPRESS CT
CITY-ST-ZIP	NAPLES, FL
TITLE	D
NAME	EISEN, ELLIS
STREET ADDRESS	2233 IMPERIAL GOLF CRSE
CITY-ST-ZIP	NAPLES, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Ellis Eisen Director 3/12/04
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #