

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # 543153

1. Entity Name
THE BEDSPREAD PLACE, INC.



Principal Place of Business

3100 TAMiami TR N (RTE 41)
NAPLES, FL 33940

Mailing Address

3100 TAMiami TR N (RTE 41)
NAPLES, FL 33940



03022005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

**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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
EISEN, MARJORIE
2233 IMPERIAL GOLF CRSE
NAPLES, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
EISEN, DONALD
1112 RAINWOOD CIRCLE
PALM BCH GDNS, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TSD
WILSECK, JOANNE
1947 EMPRESS CT
NAPLES, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
EISEN, ELLIS
2233 IMPERIAL GOLF CRSE
NAPLES, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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04/27/05-80019-010 150.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/05 239-202-5001