

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 561846

FILED  
Apr 09, 2008  
Secretary of State

Entity Name: LAKELAND SLEEP CENTER, INC.

## Current Principal Place of Business:

1052 E MEMORIAL BLVD  
LAKELAND, FL 33801 US

## New Principal Place of Business:

3020 REYNOLDS RD.  
# 6-7  
LAKELAND, FL 33803 US

## Current Mailing Address:

1052 E MEMORIAL BLVD  
LAKELAND, FL 33801 US

## New Mailing Address:

P. O. BOX 1768  
EATON PARK, FL 33840 US

FEI Number: 59-2088562

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CASSEL, KEN PD  
1052 E MEMORIAL BLVD  
LAKELAND, FL 33801 US

## Name and Address of New Registered Agent:

CASSEL, KEN PD  
3020 REYNOLDS RD.  
# 6-7  
LAKELAND, FL 33803 US

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:

04/09/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: CASSEL, KEN PD  
Address: 1052 E MEMORIAL BLVD  
City-St-Zip: LAKELAND, FL 33801 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: CASSEL, KEN PD  
Address: 3020 REYNOLDS RD.  
City-St-Zip: LAKELAND, FL 33803 US

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: KEN CASSEL

PD

04/09/2008

Electronic Signature of Signing Officer or Director

Date