2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 668504

1. Entity Name

COMMERCIAL BEDDING COMPANY, INC.

Principal Place of Business	Mailing Address
661 40TH STREET SOUTH ST PETERSBURG, FL 36711	661 40TH STREET SOUTH ST PETERSBURG, FL 36711

DO NOT WRITE IN THIS SPACE

03122008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-2002804	Not Applicable

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

6. Name and Address of Current Registered Agent

CALHOUN, CARL I
661 -40TH ST S
ST. PETERSBURG, FL 33712

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, 2008 Fee will be $550.00

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

U00000859823
04/02/08-80035-023 150.00

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	CALHOUN, I. CARL
STREET ADDRESS	661-40TH ST S
CITY-ST-ZIP	SAINT PETERSBURG, FL 33711

TITLE	
NAME	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____   3-12-08   727-531-1643

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #