

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F01000005196

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Entity Name:** SYMBOL MATTRESS OF FLORIDA, INC.

**Current Principal Place of Business:**

5000 MERCANTILE LANE  
KISSEMMEE, FL 34758

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 6689  
RICHMOND, VA 23230

**New Mailing Address:**

**FEI Number:** 54-2054172

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MILES, DAVID H  
3286 MAJESTIC OAK DR.  
ST. CLOUD, FL 34771 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

**OFFICERS AND DIRECTORS:**

**Title:** PCD  
**Name:** NEAL, CHARLES H  
**Address:** 4901 FITZHUGH AVENUE, SUITE 300  
**City-St-Zip:** RICHMOND, VA 23230

**Title:** S  
**Name:** HATHAWAY, DENISE P  
**Address:** 4901 FITZHUGH AVENUE, SUITE 300  
**City-St-Zip:** RICHMOND, VA 23230

I hereby 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 all other like empowered.

**SIGNATURE:** DENISE HATHAWAY

S

04/26/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date