


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # F02000001203  
1. Entity Name, TEMPUR-PEDIC, INC.



Principal Place of Business: 1713 JAGGIE FOX WAY, LEXINGTON, KY 40511  
Mailing Address: 1713 JAGGIE FOX WAY, LEXINGTON, KY 40511

**DO NOT WRITE IN THIS SPACE**



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number: 61-1187378  
Applied For: Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

**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

05/04/05-80155-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	TRUSSELL JR, ROBERT B
STREET ADDRESS	248 HOLIDAY RD.
CITY-ST-ZIP	LEXINGTON, KY
TITLE	DCFO
NAME	WILLIAMS, DALE E
STREET ADDRESS	2284 SAVANNAH LANE
CITY-ST-ZIP	LEXINGTON, KY
TITLE	P
NAME	FOGG, DAVID C
STREET ADDRESS	3085 PARIS RD.
CITY-ST-ZIP	LEXINGTON, KY
TITLE	CEO
NAME	BRYANT, H. TOM
STREET ADDRESS	3145 BRIGHTON PLACE DR.
CITY-ST-ZIP	LEXINGTON, KY
TITLE	VFC
NAME	BROYLES, JASON P
STREET ADDRESS	37 PLANTATION DR.
CITY-ST-ZIP	SHEBYVILLE, KY
TITLE	
NAME	
STREET ADDRESS	
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 exemption stated in Section 119.07(3)(f), 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: Jason P. Broyles Date: 4.25.05 Daytime Phone #: 859-259-0754