


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 30, 2006 8:00 am**  
**Secretary of State**

05-30-2006 90036 031 \*\*\*150.00

<b>DOCUMENT # F99000000011</b>	
--------------------------------	---

1. Entity Name  
CITY MATTRESS OF FLORIDA, INC.

Principal Place of Business  
101 BENBRO DRIVE  
BUFFALO, NY 14225

Mailing Address  
101 BENBRO DRIVE  
BUFFALO, NY 14225

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05172006

Chg-P

CR2E034 (11/05)

4. FEI Number

06-1534481

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

SCHILLER, STEPHEN  
11819 METRO PKWY  
FORT MYERS, FL 33912

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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**  
**Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

TITLE	CPST	<input type="checkbox"/> Delete
NAME	SCHILLER, JEROME D	
STREET ADDRESS	11819 METRO PKWY	
CITY-ST-ZIP	FORT MYERS, FL 33912	

TITLE	PT	<input type="checkbox"/> Delete
NAME	SCHILLER, STEPHEN J	
STREET ADDRESS	11819 METRO PKWY	
CITY-ST-ZIP	FORT MYERS, FL 33912	

TITLE	VPS	<input type="checkbox"/> Delete
NAME	SCHILLER, MARC D	
STREET ADDRESS	11819 METRO PKWY	
CITY-ST-ZIP	FORT MYERS, FL 33912	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CHAIRMAN OF THE BOARD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	CHIEF EXECUTIVE OFFICER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

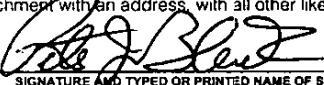
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

 PETER J BLENK

5/18/06

(716) 681-8080

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #