

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 06, 2007 08:00 AM
Secretary of State

DOCUMENT # F99000000011

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



01082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	COB
NAME	SCHILLER, JEROME D
STREET ADDRESS	11819 METRO PKWY
CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	CEO
NAME	SCHILLER, STEPHEN J
STREET ADDRESS	11819 METRO PKWY
CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	P
NAME	SCHILLER, MARC D
STREET ADDRESS	11819 METRO PKWY
CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/14/07-80046-005 350.00

**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:

Peter J. Blenk
PETER J. BLENK

Date

Daytime Phone #

1/11/07 (716) 681-8880