


2008 FOR PROFIT CORPORATION ANNUAL REPORT

150

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	
2. Principal Place of Business - No P.O. Box # 12660 BONITA BEACH ROAD SE BONITA SPRINGS, FL 34135		3. Mailing Address 12660 BONITA BEACH ROAD SE BONITA SPRINGS, FL 34135	
City & State Buffalo, NY		City & State Buffalo, NY	
Zip 14225	Country USA	Zip 14225	Country USA

ENTERED
18/391

FILED

08 MAY -6 AM 8:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04292008 Chg-P CR2E034 (12/06)

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

7. Name and Address of New Registered Agent

SCHILLER, STEPHEN
11819 METRO PKWY
FORT MYERS, FL 33912

Name

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

12660 BONITA BEACH ROAD SE

City
BONITA SPRINGS

FL

Zip Code
34135

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 STEPHEN J. SCHILLER

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/29/08
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

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	12660 BONITA BEACH RD SE BONITA SPRINGS FL 34135	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	12660 BONITA BEACH RD SE BONITA SPRINGS, FL 34135	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	12660 BONITA BEACH ROAD SE BONITA SPRINGS, FL 34135	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	100129445580 05/14/08--01015--005 **288.75	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Robert F. Garone
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT F. GARONE, CONTROLLER

Date

4/29/08 (239) 908-2700

Daytime Phone #