

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2004 8:00 am**  
**Secretary of State**

02-02-2004 90021 003 \*\*\*150.00

**DOCUMENT # G17172**

1. Entity Name  
WHOLESALE SLEEP DISTRIBUTORS OF LAKE CITY,  
INC.



Principal Place of Business

1804 W US HWY 90  
LAKE CITY, FL 32055 US

Mailing Address

1804 W US HWY 90  
LAKE CITY, FL 32055 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01212004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-2241133

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

~~DEROSA, DAVID S~~  
~~2900 E BAY AVE~~  
~~LAKE CITY, FL 32025~~

Name DAVID W. DeRosia CPA

Street Address (P.O. Box Number is Not Acceptable)  
955 SW BAY AVE DRIVE

City LAKE CITY

FL

Zip Code 32025

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

DAVID W. DeRosia

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

(NOTE: Registered Agent signature required when reinstating)

1/26/04

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing - ☐  
Trust Fund Contribution

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSD  
POTTLE, CHRISTOPHER  
P.O. BOX 3477  
LAKE CITY, FL 32056 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VTD  
POTTLE, ELIZABETH B.  
P.O. BOX 3477  
LAKE CITY, FL 32056 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Change ☐ Addition

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STREET ADDRESS  
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☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), 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:

CL B. Potts

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

386

752

9303