

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 21, 2005 08:00 AM
Secretary of State

DOCUMENT # G32598

1. Entity Name
AMERICAN BEDDING INDUSTRIES, INC.



Principal Place of Business
**500 S FALKENBURG ROAD
TAMPA, FL 33619 US**

Mailing Address
**500 S FALKENBURG ROAD
TAMPA, FL 33619 US**



01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2279080

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ANTINORI, STEVEN J
500 S. FALKENBURG RD.
TAMPA, FL 33619**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ANTINORI, SANTINO
STREET ADDRESS	4924 ST CROIX DR
CITY-STATE-ZIP	TAMPA, FL
TITLE	STD
NAME	ANITINORI, LUTRICIA
STREET ADDRESS	4924 ST CROIX DR.
CITY-STATE-ZIP	TAMPA, FL
TITLE	CEO
NAME	ANTINORI, STEVEN J
STREET ADDRESS	500 S. FALKENBURG RD.
CITY-STATE-ZIP	TAMPA, FL 33619
TITLE	T
NAME	ANTINORI, ANTHONY J
STREET ADDRESS	500 S. FALKENBURG RD
CITY-STATE-ZIP	TAMPA, FL 33619
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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01/24/05-80029-018 150.00

**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)(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:

Lutricia Antinori
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/05
Date

(813)651-2233
Daytime Phone #