

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 26, 2004 8:00 am
Secretary of State

07-26-2004 90006 012 ***150.00

DOCUMENT # J68738

1. Entity Name
TUCK-IN, INC.



Principal Place of Business

% DONALD L. MCCOIN
8805 ARLINGTON EXPRESSWAY
JACKSONVILLE, FL 32211

Mailing Address

% DONALD L. MCCOIN
8805 ARLINGTON EXPRESSWAY
JACKSONVILLE, FL 32211

44049739



07192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2795837

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MCCOIN, DONALD L.
8805 ARLINGTON EXPRESSWAY
JACKSONVILLE, FL 32211

**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 \$550.00
Due by September 8, 2004**

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
PSD
MCCOIN, DONALD L.
8805 ARLINGTON EXPRESSWY
JACKSONVILLE, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
MCCOIN, JULIA
8805 ARLINGTON EXPRESSWAY
JACKSONVILLE, FL 32211

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
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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: Donald L. McCoin Donald L. McCoin 7/20/04 904/724-2266
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



Attachment
McMILLAN BEDDING COMPANY

"Your Comfort is Our Dream"

44049739

568738



July 20, 2004

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

To Whom It May Concern:

Per instructions received from your office, this am by telephone, I am including my check for \$ 150.00 in my For Profit Corporation Annual Report.

I do not remember receiving a post card in January regarding this tax.

Sincerely,

Donald L. McCain
President

DLM:PW

Enclosure