


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2004 8:00 am
Secretary of State

01-22-2004 90003 026 ***150.00

DOCUMENT # K53574
 1. Entity Name
 COMFORT CITY SLEEP GALLERY, INC.



Principal Place of Business Mailing Address
 3750 US 27 NORTH, #4A 3750 US 27 NORTH, #4A
 SEBRING, FL 33870 SEBRING, FL 33870

94004075



DO NOT WRITE IN THIS SPACE

01122004 No Chg-P CR2E034 (10/03)

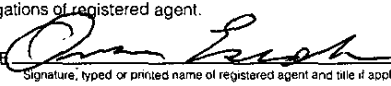
4. FEI Number Applied For
 59-2925021 Not Applicable

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

6. Name and Address of Current Registered Agent
 ESCOBAR, OMAR
 3750 US 27 N
 SEBRING, FL 33870

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  **OMAR ESCOBAR** 1-15-04
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, 2004 Fee will be \$550.00


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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ESCOBAR, OMAR
STREET ADDRESS	3750 US 27 N.
CITY - ST - ZIP	SEBRING, FL
TITLE	ST
NAME	FRANKLIN, RONALD T
STREET ADDRESS	3750 US 27 N.
CITY - ST - ZIP	SEBRING, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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:  **OMAR ESCOBAR** 1-15-04 863-382-6668
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #