


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 18, 2005 08:00 AM
Secretary of State**

DOCUMENT # L15801 1. Entity Name QUALITY DISCOUNT BEDDING & BATH, INC.	
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Principal Place of Business DBA QUALITY HOME FURNISHINGS 3326 N ROOSEVELT BLVD KEY WEST, FL 33040 US	Mailing Address DBA QUALITY HOME FURNISHINGS 3326 N ROOSEVELT BLVD KEY WEST, FL 33040 US
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01142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-3033945	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

TORIELLO, ALAN J
3326 N ROOSEVELT BLVD
KEY WEST, FL 33040

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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

U00000183763
01/20/05-80002-019 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TORIELLO, JOYCE A 57 E POINTE DR SUGARLOAF KEY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TORIELLO, ALAN J. 57 E POINT DR SUGAR LOAF KEY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: Toriello, Alan J. Toriello 1/14/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #