

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 31, 2005 08:00 AM
Secretary of State

DOCUMENT # L71054

1. Entity Name
FLORIDA BEDDING LIQUIDATORS, INC.



Principal Place of Business
**4807 S. US1
FT. PIERCE, FL 34982 US**

Mailing Address
**4807 S US 1
FT. PIERCE, FL 34982 US**



08292005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0304494

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KUHNER, MICHAEL D.
4807 S. US HWY 1
FT. PIERCE, FL 34982**

**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 re-stating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KUHNER, MICHAEL D.
STREET ADDRESS	4807 S. US HWY 1
CITY - ST - ZIP	FT. PIERCE, FL
TITLE	D
NAME	JOHNSON, JAMES M.
STREET ADDRESS	838 S. CONGRESS AVE
CITY - ST - ZIP	W. PALM BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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08/31/05-80005-005 558.75

**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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Office Phone #

Michael D. Kuhner 8/29/05 772 595-0200