


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 28, 2006 08:00 AM
Secretary of State

DOCUMENT # L71054 1. Entity Name FLORIDA BEDDING LIQUIDATORS, INC.	
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Principal Place of Business 4807 S. US1 FT. PIERCE, FL 34982 US	Mailing Address 4807 S US 1 FT. PIERCE, FL 34982 US
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DO NOT WRITE IN THIS SPACE



08232006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0304494	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

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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 _____ <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KUHNER, MICHAEL D. 4807 S. US HWY 1 FT. PIERCE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, JAMES M. 838 S. CONGRESS AVE W. PALM BEACH, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000575415 08/29/06-80001-005 550.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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	Michael D. Kuhner Date: 8/24/06 (772) 595-0200 Daytime Phone: #
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