

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90657 050 \*\*\*150.00

**DOCUMENT # M73070**

1. Entity Name  
**RELAX -N- RECLINE, INC.**



Principal Place of Business  
**6170 MCDONOUGH  
NORCROSS, GA 30093 US**

Mailing Address  
**1065 E STORY RD  
WINTER GARDEN, FL 34787 US**

**DO NOT WRITE IN THIS SPACE**



04252004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-2897468**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MAGEE, JAMES M.  
226 HILLCREST STREET  
ORLANDO, FL 32801**

**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 \$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	DP
NAME	KROY CROFOOT
STREET ADDRESS	3100 JOHN YOUNG PKWY.
CITY-ST-ZIP	ORLANDO, FL
TITLE	DV
NAME	MAGNUSON, JAMES
STREET ADDRESS	3100 JOHN YOUNG PKWY
CITY-ST-ZIP	ORLANDO, FL
TITLE	DV
NAME	CLINE, JAMES S
STREET ADDRESS	3100 JOHN YOUNG PKWY
CITY-ST-ZIP	ORLANDO, FL
TITLE	DS
NAME	DANIELS, MARK
STREET ADDRESS	3100 JOHN YOUNG PKWY
CITY-ST-ZIP	ORLANDO, FL
TITLE	DVT
NAME	CROFOOT, FRANCES J
STREET ADDRESS	3100 JOHN YOUNG PKW
CITY-ST-ZIP	ORLANDO, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:** ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #