


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 AM
Secretary of State

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	



01082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2897468	Applied For Not Applicable
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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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000781024
01/15/08-80017-018 150.00

10. OFFICERS AND DIRECTORS

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

James A. Magnuson 1/10/08 407-656-9722

Date

Daytime Phone #