

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M73070

Entity Name: RELAX -N- RECLINE, INC.

FILED
Apr 27, 2009
Secretary of State

Current Principal Place of Business:

6170 MCDONOUGH
NORCROSS, GA 30093 US

New Principal Place of Business:

Current Mailing Address:

1065 E STORY RD
WINTER GARDEN, FL 34787 US

New Mailing Address:

FEI Number: 59-2897468

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: KROY CROFOOT
Address: 3100 JOHN YOUNG PKWY.
City-St-Zip: ORLANDO, FL

Title: DV () Delete
Name: MAGNUSON, JAMES
Address: 3100 JOHN YOUNG PKWY
City-St-Zip: ORLANDO, FL

Title: DV () Delete
Name: CLINE, JAMES S
Address: 3100 JOHN YOUNG PKWY
City-St-Zip: ORLANDO, FL

Title: DS () Delete
Name: DANIELS, MARK
Address: 3100 JOHN YOUNG PKWY'
City-St-Zip: ORLANDO, FL

Title: DVT () Delete
Name: CROFOOT, FRANCES J
Address: 3100 JOHN YOUNG PKW
City-St-Zip: ORLANDO, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: CROFOOT, KROY
Address: 3100 JOHN YOUNG PKWY.
City-St-Zip: ORLANDO, FL

Title: DV (X) Change () Addition
Name: MAGNUSON, JAMES
Address: 3100 JOHN YOUNG PKWY
City-St-Zip: ORLANDO, FL

Title: DV (X) Change () Addition
Name: CLINE, JAMES
Address: 3100 JOHN YOUNG PKWY
City-St-Zip: ORLANDO, FL

Title: DS (X) Change () Addition
Name: DANIEL, MARK
Address: 3100 JOHN YOUNG PKWY'
City-St-Zip: ORLANDO, FL

Title: DVT (X) Change () Addition
Name: CROFOOT, FRANCES
Address: 3100 JOHN YOUNG PKW
City-St-Zip: ORLANDO, FL

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KROY CROFOOT

DP

04/27/2009

Electronic Signature of Signing Officer or Director

Date