

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M73070

FILED
Mar 17, 2011
Secretary of State

Entity Name: RELAX -N- RECLINE, INC.

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

OFFICERS AND DIRECTORS:

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

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

Title: DV
Name: CLINE REV TRUST, KIM R
Address: 3100 JOHN YOUNG PKWY
City-St-Zip: ORLANDO, FL

Title: DS
Name: DANIEL, MARK
Address: 3100 JOHN YOUNG PKWY
City-St-Zip: ORLANDO, FL

Title: DVT
Name: CROFOOT REV TRUST, FRANCES J
Address: 3100 JOHN YOUNG PKW
City-St-Zip: ORLANDO, FL

I hereby 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 all other like empowered.

SIGNATURE: KROY CROFOOT

DP

03/17/2011

Electronic Signature of Signing Officer or Director

Date