

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M73070

FILED
Apr 16, 2012
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: 9903 GIFFIN CT
City-St-Zip: WINDERMERE, FL 34786 US

Title: DV
Name: MAGNUSON, JAMES
Address: 9844 LAUREL DR
City-St-Zip: WINDERMERE, FL 34786 US

Title: DV
Name: KIM R CLINE REV TRUST
Address: 5948 CHESAPEAKE PARK
City-St-Zip: ORLANDO, FL 32810 US

Title: DS
Name: DANIEL, MARK
Address: 6509 STONINGTON DR S.
City-St-Zip: TAMPA, FL 33647 US

Title: DVT
Name: FRANCES J CROFOOT REV TRUST
Address: 8823 BAYHILL BLVD.
City-St-Zip: ORLANDO, FL 32811 US

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 CROYFOOT

DP

04/16/2012

Electronic Signature of Signing Officer or Director

Date