


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 15, 2004 8:00 am**  
**Secretary of State**

04-15-2004 90013 013 \*\*\*150.00

|   |   |
|---|---|
| <b>DOCUMENT # M80395</b><br>1. Entity Name<br><b>SKIDMORE'S SLEEP AND FURNITURE, INC.</b> |  |
|---|---|

|   |   |
|---|---|
| Principal Place of Business<br><b>168 HWY 41 NORTH<br/>P.O. BOX 340<br/>INVERNESS, FL 34451-0340 US</b> | Mailing Address<br><b>168 HWY 41 NORTH<br/>P.O. BOX 340<br/>INVERNESS, FL 34451-0340 US</b> |
|---|---|

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |



03312004 Chg-P CR2E034 (10/03)

|   |  |
|---|--|
| 4. FEI Number<br><b>59-2896379</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

|  |  |  |  |
|--|--|--|--|
| 6. Name and Address of Current Registered Agent<br><b>SKIDMORE, HAROLD B., JR., III<br/>168 HWY 41 N<br/>INVERNESS, FL 34450</b> |  | 7. Name and Address of New Registered Agent        |  |
|  |  | Name   |  |
|  |  | Street Address (P.O. Box Number is Not Acceptable) |  |
|  |  | City   |  |
|  |  | FL Zip Code  |  |

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 \_\_\_\_\_ (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                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>SKIDMORE, HAROLD B JR.<br>168 HWY 41 NORTH<br>INVERNESS, FL <input type="checkbox"/> Delete              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>SKIDMORE, HAROLD B III<br>4300 W HORSESHOE DR<br>BEVERLY HILLS, FL 34465 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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

04/08/04

Date Daytime Phone #