


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90170 037 \*\*\*158.75

<b>DOCUMENT # P00000002430</b>	
1. Entity Name <b>BED MAN, INC.</b>	

Principal Place of Business <b>324 RIDGEWOOD AVE. HOLLY HILL FL 32117</b>	Mailing Address <b>324 RIDGEWOOD AVE. HOLLY HILL FL 32117</b>
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2. Principal Place of Business <b>1280 NORTH NOVA RD</b>	3. Mailing Address <b>PO Box 250661</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Holly Hill FL9</b>	City & State <b>FL9</b>
Zip <b>32117</b>	Country <b>USA</b>



1st MOORE CR2E034 (10/04)

4. FEI Number <b>59-3615273</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>POWERS, ROBERT F 324 RIDGEWOOD AVE. HOLLY HILL FL 32117</b>	7. Name and Address of New Registered Agent Name <b>Robert F Powers</b> Street Address (P.O. Box Number is Not Acceptable) <b>1280 NORTH NOVA Road</b> City <b>Holly Hill FL9</b> FL Zip Code <b>32117</b>
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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 Robert F Powers [Signature] 3-24-05  
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when re-registering) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POWERS, ROBERT F 324 RIDGEWOOD AVE. HOLLY HILL FL 32117 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Robert F. Powers. P.O. Box 250661 Holly Hill, FL 32125 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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] Robert F Powers 3/24/05 386  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #