## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P00000005361

1. Entity Name

MATTRESS DIRECT OUTLET, INC.



FILED Feb 16, 2004 08:00 AM Secretary of State

Principal Place of Business

1875 TAMIAMI TRAIL SOUTH VENICE, FL 34293 Mailing Address

1875 TAMIAMI TRAIL SOUTH VENICE, FL 34293



DO NOT WRITE IN THIS SPACE

01152004 No Chg-P CR2E034 (10/03)

Applied For

65-0974105

4. FEI Number

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SUMER, DEREK 1875 TAMIAMI TRAIL SOUTH VENICE, FL 34293

SIGNATURE

## DO NOT WRITE IN THIS SPACE

the obligat	named entity submits this statement for the pions of registered agent.	urpose of changing its registered	office or r	egistered agent, or bo	oth, in the State of Flor	ida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating)  DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Financi     Trust Fund Contribution.	ng 🔲	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS			`	
TITLE NAME STREET ADDRESS GITY-ST-ZIP	D SUMER, DEREK 1875 TAMIAMI TRAIL SOUTH VENICE, FL 34293				Hannana	1531 jud (
TITLE NAME STREET ADDRESS CITY+ST-ZIP	D VALLEAU, RICK 1875 TAMIAMI TRAIL SOUTH VENICE, FL 34293				02/16/04-8	52108 0078-013 150.00
TITLE NAME STREET ADDRESS CITY+ST-ZIP				DO	NOT W	RITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SP	ACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
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.						