


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 27, 2004 08:00 AM
Secretary of State

DOCUMENT # P0000085331

1. Entity Name
CALL A MATTRESS AND MORE, INC.



Principal Place of Business Mailing Address

5412 NORTHWEST 9TH LANE **5412 NORTHWEST 9TH LANE**
GAINESVILLE, FL 32605 **GAINESVILLE, FL 32605**

DO NOT WRITE IN THIS SPACE



07132004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3671006	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____

Signature holder is not same of registered agent and is not then officer, (P.O.) Registered Agent Signature (signature of holder is required)

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000171021
 08/27/04-80002-011 558.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	PD ZUCKERBERG, ALEASA N 5412 NORTHWEST 9TH LANE GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY ST ZIP	VD ZUCKERBERG, SANDRA 5412 NORTHWEST 9TH LANE GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY ST ZIP	TD ZUCKERBERG, LAURA 5412 NORTHWEST 9TH LANE GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY ST ZIP	
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TITLE NAME STREET ADDRESS CITY ST ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(c), 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 a "other" be employed.

SIGNATURE:  **Aleasa Zuckerberg 8-4-04 904-964-3888**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR