


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000094522

1. Entity Name
MAIN STREET BEDDING, INC.



Principal Place of Business Mailing Address

1947 N. MAIN STREET 1947 N. MAIN STREET
 GAINESVILLE, FL 32609 GAINESVILLE, FL 32609

DO NOT WRITE IN THIS SPACE



07012005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3676029 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BEVERLY, PHIL C JR
408 WEST UNIVERSITY AVE
SUITE 500
GAINESVILLE, FL 32601-5289

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DOWNING, ALEX M 4731 SW 76TH TERRACE GAINESVILLE, FL 32608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DOWNING, ALEX 4731 SW 76TH TERRACE GAINESVILLE, FL 32609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000371924
 07/11/05-80009-021 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  Date: **7/6/2005** Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR