

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000009369

Entity Name: MATTRESS PALACE INC.

FILED
Mar 16, 2004
Secretary of State

Current Principal Place of Business:

2449 US 1 SOUTH
SAINT AUGUSTINE, FL 32086

New Principal Place of Business:

2150 US 1 SOUTH
SAINT AUGUSTINE, FL 32086

Current Mailing Address:

2449 US 1 SOUTH
SAINT AUGUSTINE, FL 32086

New Mailing Address:

2150 US 1 SOUTH
SAINT AUGUSTINE, FL 32086

FEI Number: 82-0544152

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHATILA, ABRAHAM
2449 US 1 SOUTH
SAINT AUGUSTINE, FL 32086

Name and Address of New Registered Agent:

CHATILA, ABRAHAM
2150 US 1 SOUTH
SAINT AUGUSTINE, FL 32086

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.

SIGNATURE: ABRAHAM CHATILA

03/16/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CHATILA, ABDUL RAHMAN
Address: 57 MENENDEZ RD
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: STD () Delete
Name: CHATILA, ABRAHAM R
Address: 57 MENENDEZ RD
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: D () Delete
Name: CHATILA, GHADA S
Address: 57 MENENDEZ RD
City-St-Zip: SAINT AUGUSTINE, FL 32080

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ABRAHAM CHATILA

STD

03/16/2004

Electronic Signature of Signing Officer or Director

Date