

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2004 8:00 am**  
**Secretary of State**

02-13-2004 90006 032 \*\*\*150.00

<b>DOCUMENT # P02000045658</b> 1. Entity Name <b>MATTRESS AND FURNITURE OUTLET INC.</b>					
Principal Place of Business <b>21923 US 19 N. CLEARWATER, FL 33765</b>			Mailing Address <b>21923 US 19 N. CLEARWATER, FL 33765</b>		
2. Principal Place of Business <b>29113 US 19 N.</b>		3. Mailing Address <b>29113 US 19 N.</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>CLEARWATER, FL</b>		City & State <b>CLEARWATER, FL</b>		4. FEI Number <b>04-3644797</b>	
Zip <b>33761</b>		Country <b>PINELLAS</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>33761</b>		Country <b>PINELLAS</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SAGNELLA, ALBERT 1239 OVERCASH DR. DUNEDIN, FL 34698</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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: <u><i>Albert Sagnella</i></u> <span style="float: right;">1/7/04</span> <small>Signature, typed or printed name of registered agent and title (Applicable) (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing <b>\$5.00 May Be Added to Fees</b> <input type="checkbox"/> Trust Fund Contribution..			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P SAGNELLA, ALBERT M 1239 OVERCASH DR. DUNEDIN, FL 34698</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <u><i>Albert Sagnella</i></u> <b>ALBERT SAGNELLA</b> <span style="float: right;">1/7/04 727-796</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					