

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000117787

FILED  
Feb 04, 2004  
Secretary of State

Entity Name: BEDS 2 GO (1), INC.

**Current Principal Place of Business:**

406 SONJA CIRCLE  
DAVENPORT, FL 33897

**New Principal Place of Business:**

8297 CHAMPINS GATE BLVD.  
# 303  
CHAMPIONS GATE, FL 33897

**Current Mailing Address:**

8297 CHAMPIONS GATE BLVD  
SUITE 303  
CHAMPIONS GATE, FL 33896

**New Mailing Address:**

FEI Number: 65-1175891      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DOYLE, SHARIE J  
406 SONJA CIRCLE  
DAVENPORT, FL 33897      US

**Name and Address of New Registered Agent:**

DOYLE, S  
8297 CHAMPIONS GATE BLVD.  
# 303  
CHAMPIONS GATE, FL 33896 US

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: S. DOYLE

02/04/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PVST ( ) Delete  
Name: DOYLE, LAWRENCE J  
Address: 406 SONJA CIRCLE  
City-St-Zip: DAVENPORT, FL 33897

Title: D (X) Delete  
Name: DOYLE, LAWRENCE J  
Address: 406 SONJA CIRCLE  
City-St-Zip: DAVENPORT, FL 33897

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: MORRIS, L  
Address: 8297 CHAMPIONS GATE BLVD. #303  
City-St-Zip: CHAMPIONS GATE, FL 33896

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: L MORRIS

P

02/04/2004

Electronic Signature of Signing Officer or Director

Date