

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT



DOCUMENT # P03000012494

1. Entity Name  
MARK'S 1/2 PRICE BEDDING, INC.

Principal Place of Business  
513 N. SEMORAN BLVD  
ORLANDO, FL 32807

Mailing Address  
513 N. SEMORAN BLVD  
ORLANDO, FL 32807

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

MARK, REIGLE D  
513 N. SEMORAN BLVD  
ORLANDO, FL 32807

4. FEI Number

56-236224

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

*[Signature]*

(NOTE: Registered Agent signature required when reappointing)

DATE

12/21/2004

FILE NOW!!! FEE IS \$650.00  
Due by September 8, 2004

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: President  
NAME: Mark Reigle  
STREET ADDRESS: 513 N Semoran Bv  
CITY-ST-ZIP: Orlando FL 32807

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Delete

TITLE:   
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Change ☐ Addition  
200042905188  
11/19/04--01055--003 \*\*\$50.00  
12/08/04 01029 013 \$200.00

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Change ☐ Addition

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CITY-ST-ZIP:   
☐ Change ☐ Addition

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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF BORING OFFICER OR DIRECTOR

11/16/04

Date

407-242-4552

Daytime Phone #

PD 6327

FILED

DEC 23 PM 1:22

12/21/04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



09222004  
RESTATEMENT  
CR2E034 (10/03)

04


12/21/2004

Divison of Corporations  
P O Box 6327  
Tallahassee, FL 32314

RE: P03000012494

I did not receive the initial postcard to reinstate our corporation and being new to this wase not aware that I should have been expecting one. When I got the second one I took it to the new accountant who advised there should have been a prior one and ran information off the internet for me to sign. During this time, I like many others was adversely affected by a series of hurricanes. I got the form off (without the EIN filled in the first time) and the check which was cashed. I then got another letter saying I had to send more money which I did. I have now received a third letter stating there is still not enough information so I will fill in more and send again but do not feel that all of this has been fair, having a late fee when I didn't receive the card to begin with. I am requesting a waiver and refund of the late fee and reinstatement of my corporation. Your response in this matter is appreciated.

Sincerely,



Mark D Reigle  
Mark's 1/2 Price Bedding Inc