2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 20, 2004 8:00 am Secretary of State **DOCUMENT # P03000053395** 1. Entity Name 04-20-2004 90026 024 \*\*\*150 00 VICTORY BEDDING, INC. Principal Place of Business Mailing Address 3375 HWY 98 BUILDING E STE1 3375 HWY 98 BUILDING E STE1 LAKELAND FL 33803 LAKELAND FL 33803 3. Mailing Adaress 2. Principal Place of Business beorge Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For akeland ikelana 27-0057955 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RIDNER, ZAC Street Address (P.O. Box Number is Not Acceptable) 4678 VÁLLEY VIEW DR W LAKELAND FL 33813 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 ne of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE PD Delete TITLE 다 Change Addition Ruderick Childs NAME CHILES, RODNEY NAME 3375 HWY 98 BUILDING E STE1 STREET ADDRESS STREET ADDRESS 1615 beorge Jenkins Blud LAKELAND FL 33803 CITY-ST-7IP CITY-ST-ZIP Lakeland, FL 33815 VD TITLE ☐ Delete TITLE 4 Change ■ Addition RIDNER, ZAC zac Lidner NAME NAME 3375 HWY 98 BUILDING E STE1 1415 George Jenkius Blud STREET ADDRESS STREET ADDRESS LAKELAND FL 33803 CITY-ST-7IP CITY-ST-7IP 717) F Defete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED