


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90118 031 ***150.00

DOCUMENT # P04000097561 1. Entity Name GULF COAST MATTRESSES, INC.					
Principal Place of Business 2715-A TAMIAMI TRAIL PORT CHARLOTTE FL 33952			Mailing Address 2715-A TAMIAMI TRAIL PORT CHARLOTTE FL 33952		
2. Principal Place of Business 2711-A Tamiami Trail Suite, Apt. #, etc.		3. Mailing Address 2711-A Tamiami Trail Suite, Apt. #, etc.			
City & State Port Charlotte, FL		City & State Port Charlotte, FL		4. FEI Number 20-2461445	
Zip 33952		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GRADY, FRANCIS E 17214 PHEASANT CIRCLE PORT CHARLOTTE FL 33948				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	NAME GRADY, FRANCIS E			TITLE V/S	
STREET ADDRESS 2715-A TAMIAMI TRAIL			NAME Grady, Lela R.		
CITY-ST-ZIP PORT CHARLOTTE FL 33952			STREET ADDRESS 17214 Pheasant Circle		
CITY-ST-ZIP PORT CHARLOTTE FL 33952			CITY-ST-ZIP Port Charlotte, FL 33948		
CITY-ST-ZIP PORT CHARLOTTE FL 33952			CITY-ST-ZIP Port Charlotte, FL 33948		
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CITY-ST-ZIP PORT CHARLOTTE FL 33952			CITY-ST-ZIP Port Charlotte, FL 33948		
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: <i>Francis E. Grady</i>				04-01-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				1-941-627-9919	