

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90042 036 ***150.00

DOCUMENT # P04000097561

1. Entity Name

GULF COAST MATTRESSES, INC.



Principal Place of Business

2695 E TAMiami TRAIL
PORT CHARLOTTE FL 33952

Mailing Address

2695 E TAMiami TRAIL
PORT CHARLOTTE FL 33952

18505 PAULSON DR SAN FIBA MARKET 17214 PHEASANT CR.



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-2461445

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

1st MOORE

CR2E034 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRADY, FRANCIS E
17214 PHEASANT CIRCLE
PORT CHARLOTTE FL 33948

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, typed or printed name of registered agent and title (if applicable).

(NOTE: Registered Agent signature required when constituting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Delete
NAME GRADY, FRANCIS E
STREET ADDRESS 2695 E TAMiami TRAIL ✓
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 17214 PHEASANT CR.
CITY-ST-ZIP

TITLE VS ☐ Delete
NAME GRADY, LELA R
STREET ADDRESS 17214 PHEASANT CIRCLE
CITY-ST-ZIP PORT CHARLOTTE FL 33948

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

TITLE ☐ Delete
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CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Francis E. Grady

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-10-08

941-627-9919

Date

Phone Number