


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90074 045 ***150.00

DOCUMENT # P04000121439	
1. Entity Name HEAVENLY COMFORT MATTRESS OUTLET, CORP.	

Principal Place of Business 56 SW 4TH ROAD HOMESTEAD, FL 33030	Mailing Address 56 SW 4TH ROAD HOMESTEAD, FL 33030
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40001000



03092005 Chg-P CR2E034 (10/03)

2. Principal Place of Business 56 SE 4TH ROAD Suite, Apt. #, etc.	3. Mailing Address 56 SE 4TH ROAD Suite, Apt. #, etc.
City & State HOMESTEAD, FL.	City & State HOMESTEAD, FL.
Zip 33030	Country

4. FEI Number 56-2477375	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DAVID, SHAWN P 56 SW 4TH ROAD HOMESTEAD, FL 33030	
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7. Name and Address of New Registered Agent Name DAVID, SHAWN P. Street Address (P.O. Box Number is Not Acceptable) 56 SE 4TH ROAD City HOMESTEAD FL Zip Code 33030	
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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 SHAWN P. DAVID DP <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE 03-09-2005 <small>NOTE: Registered Agent signature required when resigning.</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DAVID, SHAWN P 12145 SW 251 TERR PRINCETON, FL 33032 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MEDINA-DAVID, MARIA 12145 SW 251 TERR PRINCETON, FL 33032 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: SHAWN P. DAVID <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 03-09-2005 Daytime Phone # (305) 245-1500