

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000139603

**FILED**  
**Jan 18, 2012**  
**Secretary of State**

**Entity Name:** WEST COAST MATTRESS CO.

**Current Principal Place of Business:**

3880 TAMIAMI TRAIL  
PT.CHARLOTTE, FL 33952 US

**New Principal Place of Business:**

**Current Mailing Address:**

3880 TAMIAMI TRAIL  
PT. CHARLOTTE, FL 33952 US

**New Mailing Address:**

FEI Number: 20-1722973

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KLINE, DONALD  
1832 SAN TROVASO WAY  
VENICE, FL 34285 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D,P  
Name: KLINE, DONALD  
Address: 1832 SAN TROVASO WAY  
City-St-Zip: VENICE, FL 34285 US

Title: D,VP  
Name: KLINE, PHILLIP  
Address: 2269 CHARLESTON PARK DRIVE  
City-St-Zip: NORTH PORT, FL 34287 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PHILLIP KLINE

VP

01/18/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date