

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000047710

1. Entity Name
BEST REST SLEEP CENTERS, INC.



Principal Place of Business
1515 PRUDENTIAL DR
SUITE 1001
JACKSONVILLE, FL 32207 US

Mailing Address
P.O. BOX 11165
JACKSONVILLE, FL 32239 US



04262007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 86-1135480	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HUSEMAN, WILLIAM R
3733 UNIVERSITY BLVD. WEST
SUITE 210B
JACKSONVILLE, FL 32217

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

000000747534
05/17/07-80030-014 158.75

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SHOVLIN, THOMAS P
STREET ADDRESS	1603 HARRINGTON PARK DR.
CITY-ST-ZIP	JACKSONVILLE, FL 32225

TITLE	D
NAME	ADEEB, BARRY
STREET ADDRESS	501 ATLANTIC BLVD.
CITY-ST-ZIP	ATLANTIC BEACH, FL 32233

TITLE	D
NAME	BURNSD, DON
STREET ADDRESS	11803 DON BURNSD RD
CITY-ST-ZIP	SANDERSON, FL 32087

TITLE	D
NAME	SORRESSO, DENNIS
STREET ADDRESS	1375 SOUTHSORE DR
CITY-ST-ZIP	ORANGE PARK, FL 32003

TITLE	D
NAME	CHRISTOPHERSON, RICHARD
STREET ADDRESS	11435 CR 125 N
CITY-ST-ZIP	GLEN ST MARY, FL 32040

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS P. SHOVLIN

4/26/07

904-858-1909

Date

Daytime Phone #