



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2007 08:00 A
Secretary of State

DOCUMENT # P05000055185 1. Entity Name FERN'S BED INCORPORATED	
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Principal Place of Business 2828 CLINTON ST. GULFPORT, FL 33707	Mailing Address 1375 PASADENA AVE. S. S. PASADENA, FL 33707
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DO NOT WRITE IN THIS SPACE

	
03012007	No Chg-P CR2E034 (11/05)
4. FEI Number 20-4645830	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**KALB, FERN
1375 PASADENA AVE. S
S. PASADENA, FL 33707**

**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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KALB, FERN 1375 PASADENA AVE. S. S. PASADENA, FL 33707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RAMSEY, ELIZABETH L 5875 102ND AVE. PINELLAS PARK, FL 33782
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03/21/07-80047-015 150.00

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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: Fern E. Kalb **3/8/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #