

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 30, 2008 8:00 am
Secretary of State

06-30-2008 90022 024 ***550.00

DOCUMENT # P05000055185

1. Entity Name
FERN'S BED INCORPORATED



Principal Place of Business
2828 CLINTON ST.
GULFPORT, FL 33707

Mailing Address
1375 PASADENA AVE. S.
S. PASADENA, FL 33707

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

3. Mailing Address
c/o Regions Bank Trust Dept.



Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 2918

06122008

Chg-P

CR2E034 (12/06)

City & State

City & State

Clearwater, FL

4. FEI Number

20-4645830

Applied For

Not Applicable

Zip

Country

Zip

33757-2918

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

D. Jay Snyder

Street Address (P.O. Box Number is Not Acceptable)

6529 Central Ave.

City

St. Petersburg

FL

Zip Code

33710

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 reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008

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 KALB, FERN
STREET ADDRESS 1375 PASADENA AVE. S.
CITY-ST-ZIP S. PASADENA, FL 33707

TITLE VP ☒ Delete
NAME RAMSEY, ELIZABETH L
STREET ADDRESS 5875 102ND AVE.
CITY-ST-ZIP PINELLAS PARK, FL 33782

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☒ Change ☐ Addition
NAME Colleen Dauterman
STREET ADDRESS c/o Regions Bank Trust Dept.
CITY-ST-ZIP P.O. Box 2918, Clearwater, FL 33757-2918

TITLE VP ☒ Change ☐ Addition
NAME Jay Bowman
STREET ADDRESS c/o Regions Bank Trust Dept.
CITY-ST-ZIP P.O. Box 2918, Clearwater, FL 33757-2918

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

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

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

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

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:

Regions Bank
Colleen Dauterman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-20-08

Date

Daytime Phone #