## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000055185

**Entity Name:** FERN'S BED INCORPORATED

FILED Feb 18, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2828 CLINTON ST. GULFPORT, FL 33707 **Current Mailing Address: New Mailing Address:** C/O REGIONS BANK TRUST DEPT PO BOX 2918 CLEARWATER, FL 337572918 FEI Number: 20-4645830 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SNYDER, D. JAY SNYDER, D. JAY 6529 CENTRAL WAY 6529 CENTRAL AVE. SAINT PETERSBURG, FL 33710 US SAINT PETERSBURG, FL 33710 US 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: 02/18/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition DAUTERMAN, COLLEEN Name: Name: C/O REGIONS BNK TRUST DEPT PO BOX 2918 Address: Address:

Address: C/O REGIONS BNK TRUST DEPT PO BOX 2918 Address:
City-St-Zip: CLEARWATER, FL 337572918 City-St-Zip:

Title: V () Delete Title: VP (X) Change () Addition

 Title:
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 VP
 (X)

 Name:
 BOUMAN, JAY
 Name:
 BOWMAN, JAY

Address: C/O REGIONS BNK TRUST DEPT PO BOX 2918 Address: C/O REGIONS BNK TRUST DEPT PO BOX 2918

City-St-Zip: CLEARWATER, FL 337572918 City-St-Zip: CLEARWATER, FL 337572918

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: COLLEEN DAUTERMAN P 02/18/2009

Electronic Signature of Signing Officer or Director

Date