

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 19, 2008 8:00 am**  
**Secretary of State**

08-19-2008 90004 035 \*\*\*150.00

**DOCUMENT # P06000018224**

1. Entity Name  
**SURPLUS MATTRESS, INC.**



Principal Place of Business  
**3825 NW 32ND AVE.  
MIAMI, FL 33142**

Mailing Address  
**3825 NW 32ND AVE.  
MIAMI, FL 33142**

**40113880**



08142008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-4310042**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**TELCY, PEGUY  
1660 NE 150TH ST., SUITE 213  
MIAMI, FL 33181**

**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

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**

TITLE	<b>D</b>
NAME	<b>TELCY, PEGUY</b>
STREET ADDRESS	<b>1660 NE 150TH ST., SUITE 213</b>
CITY - ST - ZIP	<b>MIAMI, FL 33181</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
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

Date

Daytime Phone #

ATTACHMENT

40113880

To Department of State  
Annual Report -

From Peggy Toley.

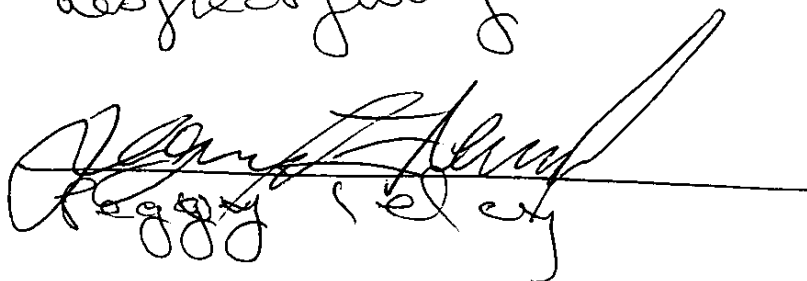
Doc No: PO6000018224 -

Dear Sir:

Please Waive the penalty for filing late, I never received the notice. I was told that my corporation did not file the Annual Report by my bank.

Money is very tight, I will appreciate that you waive the \$400.00 penalty. Thank you

Respectfully

  
Peggy Toley