

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000000442

FILED
Feb 04, 2008
Secretary of State

Entity Name: TIME SHARE SLEEP SERVICES, INC.

Current Principal Place of Business:

11717 102ND TERRACE
LIVE OAK, FL 32064

New Principal Place of Business:

Current Mailing Address:

11717 102ND TERRACE
LIVE OAK, FL 32064

New Mailing Address:

PO BOX1512
LAKE CITY, FL 32056

FEI Number: 20-5923020

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COMBS, LAQUEZ D
11717 102ND TERRACE
LIVE OAK, FL 32064 US

Name and Address of New Registered Agent:

COMBS, LAQUEZ D
284 SW HUDSON LN
LAKE CITY, FL 32025 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:

02/04/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BICKERSTAFF, HOSEA
Address: 284 SW HUDSON LANE
City-St-Zip: LAKE CITY, FL 32025

Title: D () Delete
Name: COMBS, LAQUEZ D
Address: 11717 102ND TERRACE
City-St-Zip: LIVE OAK, FL 32064

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change () Addition
Name: BICKERSTAFF, HOSEA
Address: 284 SW HUDSON LANE
City-St-Zip: LAKE CITY, FL 32025 US

Title: DR (X) Change () Addition
Name: COMBS, LAQUEZ D
Address: 284 SWN HUDSON LN
City-St-Zip: LAKE CITY, FL 32025 US

Title: DR () Change (X) Addition
Name: KREPP, MICHAEL
Address: 279 OLD WOODS RD
City-St-Zip: INTERLACHEN, FL 32148 US

Title: DR () Change (X) Addition
Name: HILL, KEITH G
Address: 11701 SW 3RD TERRACE
City-St-Zip: MICANOPY, FL 32667 US

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: LAQUEZ COMBS

D

02/04/2008

Electronic Signature of Signing Officer or Director

Date