

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000115553

**FILED**  
**Apr 10, 2012**  
**Secretary of State**

**Entity Name:** BED MASTERS OF TAMPA BAY INC.

**Current Principal Place of Business:**

5226 E. HILLSBOROUGH AVENUE  
SUITE B  
TAMPA, FL 33610 US

**New Principal Place of Business:**

**Current Mailing Address:**

18620 MERSEYSIDE LOOP  
LAND O' LAKES, FL 34638 US

**New Mailing Address:**

5226 E. HILLSBOROUGH AVENUE  
SUITE B  
TAMPA, FL 33610 US

**FEI Number:** 26-1270826

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CONTES, INGRID P  
18620 MERSEYSIDE LOOP  
LAND O LAKES, FL 34638 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PTS  
Name: CONTES, INGRID P  
Address: 18620 MERSEYSIDE LOOP  
City-St-Zip: LAND O LAKES, FL 34638 US

I hereby 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 all other like empowered.

SIGNATURE: INGRID CONTES

PRE

04/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date