

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90031 008 \*\*\*150.00

**DOCUMENT # P93000009686**

1. Entity Name  
STOVER-REST BEDDING MANUFACTURING, INC.



Principal Place of Business  
841 N. FLORIDA AVE.  
LAKELAND, FL 33801

Mailing Address  
PO BOX 2045  
EATON PARK, FL 33840-2045  
*Same as place of business*

**94058143**



04022004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3165411	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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

STOVER, MAJOR CLARENCE  
841 N. FLORIDA AVE.  
LAKELAND, FL 33801

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STOVER, MAJOR CLARENCE 5115 DEESON POINT CT LAKELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD STOVER, SUSAN 5115 DEESON POINT CT LAKELAND, FL
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** *Susan A Stover* **4-9-04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**863-686-7421**  
Date Daytime Phone #