

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P83000018599

1. Entity Name
COASTAL BEDDING, INC.



Principal Place of Business
**N ALCANIZ ST
PENSACOLA, FL 32503-3012 US**

Mailing Address
**PO BOX 1844
PENSACOLA, FL 32584-1844**



07132004 No Chg-P CR2E034 (10/03)

4. FEI Number
63-1086158

Applied For
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ROZZELLE, JOHNNY L
3501 N ALCANIZ STREET
PENSACOLA, FL 32584**

**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 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000168191
07/26/04-80003-022 550.00**

10. OFFICERS AND DIRECTORS

TITLE
P
NAME
ROZZELLE, JOHNNY L
STREET ADDRESS
3501 N ALCANIZ ST
CITY-ST-ZIP
PENSACOLA, FL

TITLE
S
NAME
ROZZELLE, BETTY A
STREET ADDRESS
3501 A ALCANIZ ST
CITY-ST-ZIP
PENSACOLA, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 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 Betty Ann Rozzelle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-20-04
Date

850-434-0000
Daytime Phone #