


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 18, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P93000018599</b> 1. Entity Name COASTAL BEDDING, INC.	
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Principal Place of Business N ALCANIZ ST PENSACOLA, FL 32503-3012 US	Mailing Address PO BOX 1844 PENSACOLA, FL 32584-1844
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05092006 No Chg-P CR2E034 (11/05)

4. FEI Number 63-1086158	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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
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**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 reinstalling) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$550.00  
Due by September 6, 2006

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	P ROZZELLE, JOHNNY L 3501 N ALCANIZ ST PENSACOLA, FL
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000000565107  
05/20/06-80113-003 550.00

**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 another like empowered.

SIGNATURE: Betty Ann Rozzelle Betty Ann Rozzelle 5-15-06 850-434-0000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #