
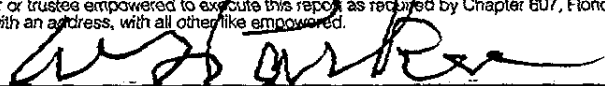


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P94000075943</b> 1. Entity Name <b>FLORIDA MATTRESS OUTLET, INC.</b>		
Principal Place of Business <b>38445 CR 54 EAST ZEPHYRHILLS, FL 33540 US</b>	Mailing Address <b>38445 CR 54 EAST ZEPHYRHILLS, FL 33540 US</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>PARKER, WILLIAM L 5806 EXCEL STREET ZEPHYRHILLS, FL 33541</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD PARKER, WILLIAM L 5806 EXCEL STREET ZEPHYRHILLS, FL 33541	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PARKER, CHRISTOPHER L 2075 TANGLEWOOD DR. N.E. SAINT PETERSBURG, FL 33702	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CAVIN, DARLENE S 5806 EXCEL STREET ZEPHYRHILLS, FL 33541	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <b>1-9-04</b> 818 Daytime Phone # <b>780-7353</b>



01092004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3275572</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

000000003110  
01/13/04-80042-012 158.75

**DO NOT WRITE  
IN THIS SPACE**