


2008 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Mar 27, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P94000075943</b>	
1. Entity Name FLORIDA MATTRESS OUTLET, INC.	

Principal Place of Business 38445 CR 54 EAST ZEPHYRHILLS, FL 33540 US	Mailing Address 38445 CR 54 EAST ZEPHYRHILLS, FL 33540 US
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03192008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3275572	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  CAVIN, DARLENE S 5806 EXCEL STREET ZEPHYRHILLS, FL 33541	<b>DO NOT WRITE IN THIS SPACE</b>
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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 amending) DATE

FILE: NOW!!! = FEE: IS: \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE	D	
NAME	FIEL, MICHELLE R.	
STREET ADDRESS	5806 EXCEL STREET	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33541	
TITLE	D	
NAME	ATKINS, RAMONA D.	
STREET ADDRESS	5806 EXCEL STREET	<b>DO NOT WRITE IN THIS SPACE</b>
CITY-ST-ZIP	ZEPHYRHILLS, FL 33541	
TITLE	PSTD	
NAME	CAVIN, DARLENE S	
STREET ADDRESS	5806 EXCEL STREET	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33541	
TITLE		
NAME		<b>DO NOT WRITE IN THIS SPACE</b>
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<b>DO NOT WRITE IN THIS SPACE</b>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		<b>DO NOT WRITE IN THIS SPACE</b>
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STREET ADDRESS		<b>DO NOT WRITE IN THIS SPACE</b>
CITY-ST-ZIP		
TITLE		
NAME		<b>DO NOT WRITE IN THIS SPACE</b>
STREET ADDRESS		
CITY-ST-ZIP		

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 all other like empowered.

SIGNATURE: Darlene S. Cavin 3-25-08 813-780-7353  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #