



2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90100 042 ***150.00

DOCUMENT # P95000039614 1. Entity Name SLEEP MASTERS, INC.					
Principal Place of Business 38593 U.S. 19 NORTH PALM HARBOR FL 34684			Mailing Address 38593 U.S. 19 NORTH PALM HARBOR FL 34684		
2. Principal Place of Business 11217 US 19 N.		3. Mailing Address 11217 US 19 N.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State PORT RICHEY		City & State PORT RICHEY		4. FEI Number 65-0584491	
Zip 34668		Country PASCO		Applied For <input type="checkbox"/> Not Applicable	
Zip 34668		Country PASCO		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LECLAIR, HAL 38593 U.S. 19 NORTH PALM HARBOR FL 34684			7. Name and Address of New Registered Agent Name LECLAIR, HAL Street Address (P.O. Box Number is Not Acceptable) 11217 US 19 N. City PORT RICHEY FL Zip Code 34668		
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable</small> </div> <div style="width: 40%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%; text-align: right;"> <small>DATE</small> </div> </div>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LECLAIR, HAL 38593 U.S. 19 NORTH PALM HARBOR FL 34684	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LECLAIR, HAL 11217 US 19 N. PORT RICHEY, FL. 34668	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #