

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000093193

Entity Name: BED PROS INC

FILED  
Feb 07, 2011  
Secretary of State

**Current Principal Place of Business:**

12836 COMMODITY PLACE  
TAMPA, FL 33626

**New Principal Place of Business:**

**Current Mailing Address:**

12836 COMMODITY PLACE  
TAMPA, FL 33626

**New Mailing Address:**

FEI Number: 59-3350722

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MC CABE, JAMES G  
12836 COMMODITY PLACE  
TAMPA, FL 33626 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MCCABE, JAMES G  
Address: 15804 BEREAD DRIVE  
City-St-Zip: ODESSA, FL 33556

Title: VP  
Name: MCCABE, PATRICK  
Address: 3550 SHORELINE CIRCLE  
City-St-Zip: PALM HARBOR, FL 34684

Title: S  
Name: MCCABE, TINA  
Address: 15804 BEREAD DRIVE  
City-St-Zip: ODESSA, FL 33556

Title: T  
Name: MCCABE, CYNTHIA  
Address: 3550 SHORELINE CIRCLE  
City-St-Zip: PALM HARBOR, FL 34684

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: TINA MCCABE

S

02/07/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date