

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90189 043 ***150.00

DOCUMENT # P96000003366

1. Entity Name
SLEEP STUDIES, INC.



Principal Place of Business
**351-D W MARION AVE
PUNTA GORDA, FL 33950**

Mailing Address
**P.O. BOX 510656
PUNTA GORDA, FL 33951-0656 US**

50036408



2. Principal Place of Business
3443 Tamiami Trail

3. Mailing Address
6325 Presidential Ct.

Suite, Apt. #, etc.
Suite E

Suite, Apt. #, etc.
Suite 2

04072005 Chg-P CR2E034 (10/03)

City & State
Port Charlotte, FL

City & State
Fort Myers, FL

4. FEI Number
65-0626198

Applied For
☐ Not Applicable

Zip
33952

Country
USA

Zip
33919

Country
USA

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**PERCH, STANLEY A JR
351-D W MARION AVE
PUNTA GORDA, FL 33950**

7. Name and Address of New Registered Agent
Name
Stanley A. Perch, Jr.
Street Address (P.O. Box Number is Not Acceptable)
3443 Tamiami Trail Suite E
City
Port Charlotte FL Zip Code
33952

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 **Stanley A. Perch, Jr. Vice President 4/7/05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	VTD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PERCH, STANLEY A JR			NAME			
STREET ADDRESS	4026 SW 17TH AVE			STREET ADDRESS			
CITY-ST-ZIP	CAPE CORAL, FL 33914			CITY-ST-ZIP			
TITLE	PSD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SPAULDING, DENNIS L			NAME			
STREET ADDRESS	6041 MONTEGO BAY COOP			STREET ADDRESS			
CITY-ST-ZIP	FT MYERS, FL 33908			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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)(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: **Stanley A. Perch, Jr 4/7/05 239-437-6500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #