

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000015503

1. Entity Name
G. L. MATTRESS INC.



Principal Place of Business
**1600 CENTRAL FL PKWY
ORLANDO, FL 32837 US**

Mailing Address
**1600 CENTRAL FL PKWY
ORLANDO, FL 32837 US**



08032004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3450400

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**AVILES, LUIS
530 BOHANNON BLVD
ORLANDO, FL 32824**

**DO NOT WRITE
IN THIS SPACE**

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 rehashing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AVILES, LUIS 530 BOHANNON BLVD ORLANDO, FL 32824
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AVILES, GERALDO 5730 STARBRIGHT DR ORLANDO, FL 32839
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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08/09/04-80002-011 158.75

**DO NOT WRITE
IN THIS SPACE**

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: Luis A. Aviles
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/4/04
Date

167-859-9312
Daytime Phone #