


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90034 017 ***150.00

DOCUMENT # P98000022745		
1. Entity Name SUNCOAST MATTRESS DEPOT, INC.		
Principal Place of Business 11021 SPRING HILL DR SPRING HILL, FL 34608	Mailing Address 11021 SPRING HILL DR SPRING HILL, FL 34608	
DO NOT WRITE IN THIS SPACE		



01142005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3498301	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SIMONE, JOSEPH W 1147 BATTERSEA AVE. SPRING HILL, FL 34609
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SIMONE, JOSEPH W 1147 BATTERSEA AVE. SPRING HILL, FL 34609
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SIMONE, LYNNE H 1147 BATTERSEA AVE. SPRING HILL, FL 34609
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: Joseph W Simone **Joseph W Simone** 2-19-05 (352) 686-6500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #