

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90050 021 ***150.00

DOCUMENT # P98000047660



1. Entity Name

THOMASVILLE BEDDING COMPANY OF GEORGIA
FACTORY OUTLET, INC.

Principal Place of Business

3347 CAPITAL CIR., NE
TALLAHASSEE FL 32308

Mailing Address

PO BOX 5710
THOMASVILLE GA 31758

2. Principal Place of Business

3347 Capital Cir. NE

Suite, Apt. #, etc.

3. Mailing Address

3347 Capital Cir NE

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

Tallahassee FL

Zip

32308

Country

LEON

City & State

Tallahassee FL

Zip

32308

Country

LEON

4. FEI Number

58-2405820

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JACKSON, RODNEY
3347 CAPITAL CIRCLE N.E.
TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME HURST, JEFFERY W
STREET ADDRESS 4210 LOWER CAIRO RD
CITY-ST-ZIP THOMASVILLE GA 31792 ☐ Delete

TITLE ST
NAME ACKERMAN, ROBERT H
STREET ADDRESS 602 VICTORIA PLACE
CITY-ST-ZIP THOMASVILLE GA 31792 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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 #

RODNEY JACKSON

2-10-04

850-671-3000