

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000050696

FILED  
Mar 03, 2010  
Secretary of State

**Entity Name:** BOB'S 1/2 PRICE BEDDING, INC.

**Current Principal Place of Business:**

831 SOUTHEAST 5TH AVENUE  
POMPANO BEACH, FL 33060

**New Principal Place of Business:**

515 N. TYNDALL  
CALLOWAY, FL 32404 US

**Current Mailing Address:**

831 SOUTHEAST 5TH AVENUE  
POMPANO BEACH, FL 33060

**New Mailing Address:**

FEI Number: 59-3520329

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JOHNSON, ROBERT  
831 SOUTHEAST 5TH AVENUE  
POMPANO BEACH, FL 33060 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P  
Name: JOHNSON, ROBERT  
Address: 831 SOUTHEAST 5TH AVENUE  
City-St-Zip: POMPANO BEACH, FL 33060

Title: S  
Name: JOHNSON, SANDRA  
Address: 831 SE 5TH AVENUE  
City-St-Zip: POMPANO BEACH, FL 33060

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: RO \_\_\_\_\_

Electronic Signature of Signing Officer or Director

P

03/03/2010

\_\_\_\_\_ Date