


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 19, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90527 016 \*\*\*150.00

<b>DOCUMENT # P99000021830</b> 1. Entity Name <b>MORRELL'S BEDDING AND FURNITURE OUTLET, INC.</b>																																										
Principal Place of Business <b>526 N. MAIN STREET GAINESVILLE FL 32601</b>		Mailing Address <b>526 N. MAIN STREET GAINESVILLE FL 32601</b>																																								
2. Principal Place of Business <b>16201 S.R. Hwy 50 Unit 305 Gainesville FL</b>		3. Mailing Address <b>SAME</b>																																								
Suite, Apt. #, etc. <b>Unit 305</b>		Suite, Apt. #, etc. <b>SAME</b>																																								
City & State <b>Gainesville FL</b>		City & State <b>SAME</b>																																								
Zip <b>32601</b>		Zip <b>32601</b>																																								
Country <b>USA</b>		Country <b>USA</b>																																								
4. FEI Number <b>59-3560749</b>		Applied For <input type="checkbox"/> Not Applicable																																								
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent <b>MORRELL, JUDITH F 5024 NW 27TH DR. GAINESVILLE FL 32608</b>																																								
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State 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 <i>Judy Morrell</i> DATE <b>3/13/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>																																								
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="2" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 50%; padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="width: 50%; padding: 2px;">           P MORRELL, JUDY 5024 NW 27TH DR. GAINESVILLE FL 32605         </td> <td style="width: 50%; padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="width: 50%; padding: 2px;"> <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr><td colspan="4"> </td></tr> <tr><td colspan="4"> </td></tr> <tr><td colspan="4"> </td></tr> <tr><td colspan="4"> </td></tr> <tr><td colspan="4"> </td></tr> <tr><td colspan="4"> </td></tr> <tr><td colspan="4"> </td></tr> <tr><td colspan="4"> </td></tr> </table>			10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORRELL, JUDY 5024 NW 27TH DR. GAINESVILLE FL 32605	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition																																
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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: <i>Judy Morrell</i> <b>Judy Morrell 5-13-04 407-654-7668</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																										

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MOORE CR2E034 (11/03)