


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2008 08:00 A
Secretary of State

DOCUMENT # P99000090214 1. Entity Name SAME DAY MATTRESS CO.	
--	---

Principal Place of Business 18101 SOUTH TAMiami TRAIL FT MYERS, FL 33908	Mailing Address 18101 SOUTH TAMiami TRAIL FT MYERS, FL 33908
--	--

DO NOT WRITE IN THIS SPACE



01312008 No Chg-P CR2E034 (11/05)

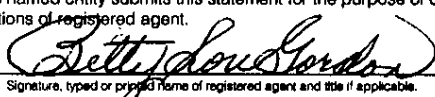
4. FEI Number 04-3616350	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**GORDON, BETTY LOU H
18101 SOUTH TAMiami TRAIL
FT MYERS, FL 33908**

**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:  **01/31/08**
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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

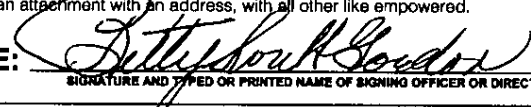
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GORDON, BETTY LOU H 18101 S. TAMiami TRAIL FT. MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

U000000824789
02/20/08-80094-003 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **01/31/08** **(239) 267-5055**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #