


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 01, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000095176</b>		
1. Entity Name <b>ABSOLUTE BEST BED &amp; FURNITURE, INC.</b>		
Principal Place of Business <b>2522 S.W. 27TH AVE. OCALA, FL 34474</b>	Mailing Address <b>2522 S.W. 27TH AVE. OCALA, FL 34474</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>SWANSON, VIVIEN L 2522 S.W. 27TH AVE. OCALA, FL 34474</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WIDDIS, RANDY 5453 N.W. 53RD ST. OCALA, FL 34482	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WIDDIS, BONNIE L 3325 N.E. 45TH ST. OCALA, FL 34479	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date <u>1/31/07</u> Daytime Phone # _____		



01032007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3611243</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

U000000616777  
02/07/07-80043-015 150.00

**DO NOT WRITE  
IN THIS SPACE**