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May 08 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # V24598

(7)

1. Corporation Name

FOR YOUR COMFORT, INC.

Principal Place of Business

4739 SHORECREST DR  
ORLANDO FL 32817

Mailing Address

4739 SHORECREST DR  
ORLANDO FL 32817-1255



2. Principal Place of Business

21 5214 LAZY OAKS DR

2a. Mailing Address

26 5214 LAZY OAKS DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 WINTER PARK, FL

Zip

24 32792

Country

25 SEM.

27 City & State

28 WINTER PARK, FL

Zip

29 32792

Country

30 SEM.

9. Name and Address of Current Registered Agent

MANNING, JUDITH W.  
4739 SHORECREST DR.  
ORLANDO FL 32817

3. Date Incorporated or Qualified

03/26/1992

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3119860

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution



\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes



Yes



No

10. Name and Address of New Registered Agent

81 Name

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

5214 LAZY OAKS DR

83

84 City

WINTER PARK

FL

85 Zip Code

32792

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME MANNING, JUDITH W.  
STREET ADDRESS 4739 SHORECREST DR.  
CITY - ST - ZIP ORLANDO FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
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CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS 5214 LAZY OAKS DR.  
1.4 CITY - ST - ZIP WINTER PARK, FL 32792

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

JUDITH W. MANNING

JUDITH W. MANNING

Date

4/30/97

Daytime Phone #

(407)  
678-8690

CR2E034 (9/96)