

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 526206

**Entity Name:** LAND OF SLEEP, INC.

**Current Principal Place of Business:**

1285 US 41 BYPASS SOUTH  
VENICE, FL 34285

**Current Mailing Address:**

1285 US 41 BYPASS SOUTH  
VENICE, FL 34285

**FEI Number:** 59-1719384

**Certificate of Status Desired:** No

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

MORSE, LISA B  
1285 US 41 BYPASS SOUTH  
VENICE, FL 34285 US

*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:** LISA B MORSE

02/06/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, TREASURER  
Name            MORSE, LISA B  
Address        7927 OSPREY HAMMOCK CT  
City-State-Zip: SARASOTA FL 34240

Title            SECRETARY  
Name            BLOWERS, TINA M  
Address        2378 VACCARO DRIVE  
City-State-Zip: SARASTOA FL 34231

*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:** LISA B MORSE

**PRESIDENT**

02/06/2025

Electronic Signature of Signing Officer/Director Detail

Date