

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000102921

**Entity Name:** CUSHIONAIRE, INC.

**Current Principal Place of Business:**

1051 MYSTIC HARBOR DRIVE  
JACKSONVILLE, FL 32225

**Current Mailing Address:**

1051 MYSTIC HARBOR DRIVE  
JACKSONVILLE, FL 32225

**FEI Number: 26-1127059**

**Certificate of Status Desired: No**

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

EAKN, PAUL M  
599 ATLANTIC BOULEVARD  
SUITE 4  
ATLANTIC BEACH, FL 32233 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name EBEL, KAI  
Address 1051 MYSTIC HARBOR DRIVE  
City-State-Zip: JACKSONVILLE FL 32225

Title VSTD  
Name EBEL, SABRINA  
Address 941 MYSTIC HARBOR DRIVE  
City-State-Zip: JACKSONVILLE FL 32225

Title D  
Name EBEL, ANNE G  
Address 7036 RAMOTH DR  
City-State-Zip: JACKSONVILLE FL 32226

*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: KAI EBEL**

**PD**

**04/05/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date