

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17000002809

Entity Name: SLEEP GEEKZ INC**Current Principal Place of Business:**4237 SALISBURY RD
SUITE 400
JACKSONVILLE, FL 32216**Current Mailing Address:**P.O,BOX 350537
JACKSONVILLE, FL 32235 US**FEI Number:** 81-4959461**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SWENSON, JOSH D
4237 SALISBURY RD.
SUITE 400
JACKSONVILLE, FL 32216 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 | CEO |
| Name | SWENSON, JOSH D |
| Address | 4237 SALISBURY RD SUITE 400 |
| City-State-Zip: | JACKSONVILLE FL 32216 |

| | |
|-----------------|--------------------------------|
| Title | CFO |
| Name | MILLER, CHRISTIAN |
| Address | 4237 SALISBURY RD SUITE 400 |
| City-State-Zip: | JACKSONVILLE FL 32216 |

| | |
|-----------------|--------------------------------|
| Title | COO |
| Name | SALTINK, SHANE D |
| Address | 4237 SALISBURY RD SUITE 400 |
| City-State-Zip: | JACKSONVILLE FL 32216 |

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: CHRISTIAN MILLER

CFO

04/19/2023

Electronic Signature of Signing Officer/Director Detail_____
Date