

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17000002809

Entity Name: SLEEP GEEKZ INC**Current Principal Place of Business:**3740 ST JOHNS BLUFF RD SOUTH
SUITE 8
JACKSONVILLE, FL 32224**Current Mailing Address:**3740 ST JOHNS BLUFF RD SOUTH
SUITE 8
JACKSONVILLE, FL 32224**FEI Number:** 81-4959461**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**SWENSON, JOSH D
3740 ST JOHNS BLUFF RD SOUTH
SUITE 8
JACKSONVILLE, FL 32224 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	3740 ST JOHNS BLUFF RD SOUTH SUITE 8
City-State-Zip:	JACKSONVILLE FL 32224

Title	COO
Name	SALTINK, SHANE D
Address	3740 ST JOHNS BLUFF RD SOUTH SUITE 8
City-State-Zip:	JACKSONVILLE FL 32224

Title	CFO
Name	MILLER, CHRISTIAN
Address	3740 ST JOHNS BLUFF RD SOUTH SUITE 8
City-State-Zip:	JACKSONVILLE FL 32224

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

02/01/2022

Electronic Signature of Signing Officer/Director Detail_____
Date