

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 13, 2007 08:00 AM
Secretary of State

DOCUMENT # L20602

1. Entity Name
CARDS "R" LESS, INC.



Principal Place of Business
12148 US HWY 19 NORTH
%DEBORAH K. MENTZ
HUDSON, FL 34667-9058

Mailing Address
10046 STATE RD. 52
HUDSON, FL 34669-3096



06052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2974695

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MENTZ, DEBORAH K.
13621 LANDERS DRIVE
HUDSON, FL 34667

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000766274
06/13/07-80003-022 550.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MENTZ, DEBORAH K.
STREET ADDRESS	13621 LANDERS DRIVE
CITY-ST-ZIP	HUDSON, FL
TITLE	D
NAME	MENTZ, DEBORAH K.
STREET ADDRESS	13621 LANDERS DRIVE
CITY-ST-ZIP	HUDSON, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-6-07

Date

(727) 857-0707

Daytime Phone #