

Jul. 31. 2008 3:03PM

No. 2296 P. 3

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT****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**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

07312008

Chg-P

CR2E034 (12/06)

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

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 fee if applicable.

(NOTE: Registered Agent signature required when reappointing)

Date

**FILE NOW!!! FEE IS \$650.00**  
**Due by September 12, 2008**  
*See Use*9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**P  
MENTZ, DEBORAH K.  
13621 LANDERS DRIVE  
HUDSON, FL** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**D  
MENTZ, DEBORAH K.  
13621 LANDERS DRIVE  
HUDSON, FL** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition  
**800136106238  
09/18/08--01046--018 \*\*150.00**TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**VP  
Mentz, Brian  
11644 Belle Haven Dr** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**New Port Richey, FL 34654  
Secy.  
Mentz, Amy N  
11644 Belle Haven Dr** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**New Port Richey, FL 34654** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition

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:

*Deborah K. Mentz*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-31-08

Date

727 857-0707

Officing Phone

**VOID** FILED IN ERROR  
2008 SEP 15 PM 1:40 DUPLICATE FILING9.16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ATTACHMENT TO DOCUMENT L20602**

**WE WOULD LIKE TO BE EXEMPT FROM THE \$400 EXTRA FEE FOR FILING AFTER MAY 1, 2008. THIS WAS DUE TO THE FACT THAT OUR ACCOUNTANT SOLD HIS BUSINESS RIGHT AFTER TAX SEASON, AND IT WAS OVERLOOKED.**

**WE DO NOT OWN A COMPUTER AND THUS COULD NOT GET ON THE INTERNET TO DOWNLOAD THE FORMS.**

**PLEASE ACCEPT OUR APOLOGIES FOR THE TARDINESS OF THIS ANNUAL REPORT. WE ARE ENCLOSING A CHECK FOR \$150.**