

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L20602

FILED
Apr 29, 2009
Secretary of State

Entity Name: CARDS "R" LESS, INC.

Current Principal Place of Business:

12148 US HWY 19 NORTH
%DEBORAH K. MENTZ
HUDSON, FL 346679058

New Principal Place of Business:

Current Mailing Address:

10046 STATE RD. 52
HUDSON, FL 346693096

New Mailing Address:

FEI Number: 59-2974695

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MENTZ, DEBORAH K.
Address: 13621 LANDERS DRIVE
City-St-Zip: HUDSON, FL

Title: D () Delete
Name: MENTZ, DEBORAH K.
Address: 13621 LANDERS DRIVE
City-St-Zip: HUDSON, FL

Title: VP () Delete
Name: MENTZ, BRIAN
Address: 11644 BELLE HAVEN DR
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: SECY () Delete
Name: MENTZ, AMY N
Address: 11644 BELLE HAVEN DR
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: VP () Delete
Name: MENTZ, BRIAN N
Address: 11644 BELLE HAVEN DR
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: S () Delete
Name: MENTZ, AMY N
Address: 11644 BELLE HAVEN DR
City-St-Zip: NEW PORT RICHEY, FL 34654

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DEBORAH K MENTZ

PRES

04/29/2009

Electronic Signature of Signing Officer or Director

_____ Date