2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 16, 2007 08:00 AM Secretary of State

| DOCUMENT # P0200 1. Entity Name MOHR 4 LESS, INC. | | | | | |
|---|---|--|--|--|--|
| Principal Place of Business | Mailing Address | | | | |
| 880 CRITTENDEN AVENUE Orange City, FL 32763 | 880 CRITTENDEN AVENUE Orange City, Fl. 32763 | | | | |



| DO | NOT | WRITE | IN THIS | SPACE |
|----|------------|--------------|---------|-------|
|----|------------|--------------|---------|-------|

SIGNATURE AND TYPED OR MINTED NAME OF SIGNING OFFICER OR DIRECTOR

6. Name and Address of Current Registered Agent

 04092007
 No Chg-P
 CR2E034 (11/05)

 4. FEI Number 57-1136429
 Applied For Not Applicable

MOHR, BRIAN 880 CRITTENDEN AVENUE ORANGE CITY, FL 32763

SIGNATURE:

DO NOT WRITE IN THIS SPACE

| | named entity submits this statement for the plans of registered agent. | ourpose of changing its registered office of | or registered agent, or b | oth, in the State of Florida. I am familiar with, and accept $4-1/-07$ | | |
|---|--|--|--|---|--|--|
| Signature, typed or printed name of registered agent and title ill applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | |
| | E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. | \$5.00 May Be Added to Fees | | | |
| 10. | OFFICERS AND DIREC | CTORS | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | O MOHR, BRIAN 880 CRITTENDEN AVE. ORANGE CITY, FL 32763 | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | 000000705915 04/24/07-80012-022 150.00 | | |
| NAME STREET ADDRESS CITY-ST-ZIP | | | DO | NOT WRITE | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | , | IN | THIS SPACE | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | - | · | - | • | | |
| NAME STREET ADDRESS CITY-ST-ZIP | | | | | | |
| 12. I hereby of indicated of the corchanged. | pertify that the information supplied with this figure on this report or supplemental report is true a poration or the receiver or trustee empowers or on an attachored with an address wifeld | ling does not qualify for the exemptions and accurate and that my signature shall led to effectle this report as required by ChiloNet I was expowered. | contained in Chapter 11 have the same legal effe apter 607, Florida Statut | 19, Florida Statutes, I further certify that the information act as if made under oath, that I am an officer or director les; and that my name appears in Block 10 or Block 11 if | | |