2007 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 18, 2007 08:00 AM
Secretary of State

DOCUMENT	# P03000039694
A Park Name	

Entity Name
 CANADA MEDS R LESS INC



Principal Place of Business

5115 11TH AVE. W BRADENTON, FL 34209 US Mailing Address

5115 11TH AVE. W BRADENTON, FL 34209

US



02142007

No Chg-P

CR2E034 (11/05)

4.	FEI Number
	74-3086280

Applied For Not Applicable

5.	Certificate of	Slatus	Desired
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\$8.75 Additional Fee Required

6.	Name	and Address of	Current Registered	Agent

WITT, JUDY A 5115 11TH AVENUE WEST BRADENTON, FL 34209

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the obligati SIGNATURE	named entity submits this statement for the prices of registered agent Signature, type-for printed films of registered agent and title if			egistered agent, or both, i	n the State of Florida. I am familiar with, and accept 3 - 4-07 DATE	
FILI After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution	ing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS				
TITLE Name Street address CHY-S1-ZIP	DPS WITT, JUDY A 5115 11TH AVE. W BRADENTON, FL 34209			·	U00000714574 04/27/07-80028-018 150	
TITLE Name Street Address City: St. Zip	VPT GREENWALT, LISA J 5115 11TH AVE. W BRADENTON, FL 34209				04/27/07-80028-018 150	.00
IIILE NAME STREET ADDRESS CITY-SI-ZIP				DO N	NOT WRITE	
TITLE NAME SIRLET ADDRESS CITY-ST-ZIP				IN T	HIS SPACE	
TITLE NAME STREET ADDRESS CITY-S1-ZIP		,				
TITLE NAME			•			

12. Thereby 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:

CITY-SI-ZIP

GASTURE AND EXPED OR PRINTED NAME OF SIGNING OFFICER

3-4-07

941-798-9700

Daytin