


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90182 036 \*\*\*150.00

<b>DOCUMENT # P03000092503</b>	
1. Entity Name <b>PAY LESS FOOD MART, INC.</b>	

Principal Place of Business <b>12840 S CLEVELAND AVE FT MYERS, FL 33907-3822</b>	Mailing Address <b>12670 NEW BRITTANY BLVD., STE 101 FORT MYERS, FL 33907</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address <b>JOHN M. WICKER, P.A. P.O. DRAWER 60205 FORT MYERS, FL 33906</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

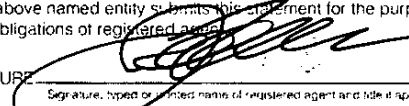


01082008 Chg-P CR2E034 (12/06)

4. FEI Number <b>16-1681113</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

<b>6.-Name and Address of Current Registered Agent</b>  <b>ROYSTON, ROBERT D JR. 12670 NEW BRITTANY BLVD STE 101 FT MYERS, FL 33907</b>	<b>7. Name and Address of New Registered Agent</b> Name <b>JOHN M. WICKER, P.A.</b> Street # <b>12670 NEW BRITTANY BLVD., STE 101</b> City <b>FORT MYERS, FL 33907</b> p Code
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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  DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AHMAD, MONSUR 965 MOON LAKE DR NAPLES, FL 34104 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PERVEZ, NEHAL 1634 SE 19TH LN CAPE CORAL, FL 33990 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4-22-2008** Signature: Nehal Pervez