

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2006 8:00 am**  
**Secretary of State**

02-09-2006 90031 050 \*\*\*150.00

**DOCUMENT # P93000070775**

1. Entity Name  
**DISCOUNT CARDS LTD. INC.**



Principal Place of Business  
**1089 W. MAIN ST.  
AVON PARK, FL 33825**

Mailing Address  
**1089 W. MAIN ST.  
AVON PARK, FL 33825**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01132006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number  
**59-3213568**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**MACINTYRE, DONALD S  
475 SE SNEAD CIR  
AVON PARK, FL 33825**

Name

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

City

**FL**

Zip Code

8. The above named agent has submitted this document to the Secretary of State, changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of the agent.

SIGNATURE

Signature, type or printed name of registrant

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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 **P** ☐ Delete  
NAME **MACINTYRE, DONALD S**  
STREET ADDRESS **475 SE SNEAD CIRCLE**  
CITY - ST - ZIP **AVON PARK, FL 33825**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE **V** ☐ Delete  
NAME **MACINTYRE, PEGGY T**  
STREET ADDRESS **475 SE SNEAD CIRCLE**  
CITY - ST - ZIP **AVON PARK, FL 33825**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE **VD** ☐ Delete  
NAME **MACINTYRE, EDITH M**  
STREET ADDRESS **475 SE SNEAD CIRCLE**  
CITY - ST - ZIP **AVON PARK, FL 33825**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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: Donald S Macintyre **2-7-06** **453 3311**  
SIGNATURE AND TYPED, PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #