


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 14, 2008 8:00 am
Secretary of State

08-14-2008 90002 029 ***150.00

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1. Entity Name
PRICE-LESS INKJET CARTRIDGE COMPANY



Principal Place of Business Mailing Address
3890-B TAMiami TRAIL **3890-B TAMiami TRAIL**
PORT CHARLOTTE, FL 33952 **PORT CHARLOTTE, FL 33952**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



07152008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
65-0873419 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SLIPATCHUK, ROMAN
25157 LAHORE LANE
PUNTA GORDA, FL 33983

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SLIPATCHUK, ROMAN	
STREET ADDRESS	25157 LAHORE LANE	
CITY-ST-ZIP	PUNTA GORDA, FL 33983	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MARINOV, IAVOR	
STREET ADDRESS	674 SAXON BLVD	
CITY-ST-ZIP	DELTONA, FL 32725	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MARINOV, KOUNKA	
STREET ADDRESS	674 SAXON BLVD.	
CITY-ST-ZIP	DELTONA, FL 32725	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WOLOWEC, WOLODIMIR	
STREET ADDRESS	9223 GRACE LANE	
CITY-ST-ZIP	PHILADELPHIA, PA 19115	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WOLOWEC, VERA	
STREET ADDRESS	9223 GRACE LANE	
CITY-ST-ZIP	PHILADELPHIA, PA 19115	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.

SIGNATURE: _____ Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR