

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 19, 2004 8:00 am**  
**Secretary of State**

03-19-2004 90049 029 \*\*\*150.00

**DOCUMENT # 537471**

1. Entity Name  
**DRAPER'S WESTERN STORE, INC.**



Principal Place of Business

~~1525 STATE STREET~~  
~~SARASOTA, FL 34236~~  
**3855-C Clark Rd.**  
**Sarasota FL**

Mailing Address

**4953 BLISS RD.**  
**SARASOTA, FL 34233**

34032422



03102004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1754137**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**DRAPER, THOMAS P. II**  
~~1525 STATE ST.~~  
~~SARASOTA, FL 34236~~

**4953 Bliss Rd.**  
**Sarasota FL 34233**

**DO NOT WRITE  
IN THIS SPACE**

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 Mrs. Thomas P. Draper March 12, 2004  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DRAPER, THOMAS P.
STREET ADDRESS	4953 BLISS ROAD
CITY-ST-ZIP	SARASOTA FL,
TITLE	DV
NAME	DRAPER BARBARA
STREET ADDRESS	4953 BLISS ROAD
CITY-ST-ZIP	SARASOTA, FL
TITLE	PD
NAME	DRAPER, THOMAS II
STREET ADDRESS	4953 BLISS ROAD
CITY-ST-ZIP	SARASOTA FL,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

Thomas P. Draper II March 12, 04 925-3325  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #