

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 01, 2006 08:00 AM
Secretary of State**

DOCUMENT # 537471

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



Principal Place of Business
**3855-C CLARK RD.
SARASOTA, FL 34236**

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



04192006 No Chg-P CR2E034 (11/05)

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
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 _____

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000552797
05/15/06-80025-016 150.00

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 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: *Barbara Draper*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr. 26, 2006
Date Daytime Phone #