

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 24, 2007 08:00 A
Secretary of State

DOCUMENT # G92083

1. Entity Name
THE WESTERN OUTLET, INC.



Principal Place of Business
4434 E ARLINGTON ST #5
INVERNESS, FL 34453

Mailing Address
4434 E ARLINGTON ST #5
INVERNESS, FL 34453



04222007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2399344	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CLEMENTS, MURRAY J
4434 E ARLINGTON ST #5
INVERNESS, FL 34453

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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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CLEMENTS, MURRAY J
STREET ADDRESS	4434 E. ARLINGTON ST.,#5
CITY-ST-ZIP	INVERNESS, FL
TITLE	STD
NAME	CLEMENTS, DENISE
STREET ADDRESS	4434 E. ARLINGTON ST.,#5
CITY-ST-ZIP	INVERNESS, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000727950
05/04/07-80068-019 150.00

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:

Denise Clements

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-07 (352) 726-5888

Date

Daytime Phone #

4/19/2007