

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 28, 2006 08:00 AM  
Secretary of State

DOCUMENT # P03000077164

1. Entity Name  
MCGRIFF-WILLIAMS CASUALS, INC.



Principal Place of Business  
4107 SOUTHWEST 96TH DRIVE  
GAINESVILLE, FL 32608

Mailing Address  
4107 SOUTHWEST 96TH DRIVE  
GAINESVILLE, FL 32608



01042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number  
55-0839039

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

KRUEGER, SCOTT DAVID  
2750 NW 43RD STREET  
SUITE 201  
GAINESVILLE, FL 32606

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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, 2006 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 MCGRIFF, MARJORIE B  
STREET ADDRESS 5910 NORTHWEST 19TH PLACE  
CITY-ST-ZIP GAINESVILLE, FL 32605

TITLE D  
NAME WILLIAMS, KATHRYN C  
STREET ADDRESS 4107 SOUTHWEST 96TH DRIVE  
CITY-ST-ZIP GAINESVILLE, FL 32608

TITLE  
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05/10/06-80047-015 150.00

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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: KATHRYN WILLIAMS - Kathryn Williams 4-23-06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #