


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 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
DO NOT WRITE IN THIS SPACE		
		01192007 No Chg-P CR2E034 (11/05)
4. FEI Number 55-0839039		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$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		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
		DATE 03/07/07-80020-015 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGRIFF, MARJORIE B 5910 NORTHWEST 19TH PLACE GAINESVILLE, FL 32605	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, KATHRYN C 4107 SOUTHWEST 96TH DRIVE GAINESVILLE, FL 32608	
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TITLE 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 all other like empowered.		
SIGNATURE: <i>Kathryn Williams</i>		3-1-07 352-335-8860
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>