


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State


04-07-2008 90215 001 ***150.00
04-07-2008 90215 002 *****8.75

DOCUMENT # P03000077164 1. Entity Name MCGRIFF-WILLIAMS CASUALS, INC.	
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Principal Place of Business 4107 SOUTHWEST 96TH DRIVE GAINESVILLE, FL 32608	Mailing Address 4107 SOUTHWEST 96TH DRIVE GAINESVILLE, FL 32608
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DO NOT WRITE IN THIS SPACE

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03142008 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 Kathryn C. Williams (KATHRYN C. Williams) 3-26-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

352-335-8860