2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000048062

1. Entity Name

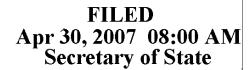
GARCIA'S WESTERN WEAR INC



Principal Place of Business

Mailing Address

501 N STATE STREET US 1 #2 BUNNELL, FL 32110 501 N STATE STREET US 1 #2 BUNNELL, FL 32110





DO NOT WRITE IN THIS SPACE

03212007 No Chg-P CR2E034 (11/05)

20-2626523

4. FEI Number

Applied For Not Applicable

Daytime Phone #

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GARCIA, CLAUDIA 501 N STATE STREET US 1 #2 BUNNELL, FL 32110

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					
The state of the s					
FILE NOWIN 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 Feas		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS		· · ·	
TITLE	PVST				
NAME	GARCIA, CLAUDIA				1
STREET ADDRESS	501 N STATE STREET US 1 #2				
CITY-\$T-ZIP	BUNNELL, FL 32110				110000000111010
TITLE					U00000741518
NAME					05/15/07-80032-011 150.00
STREET ADDRESS	15			•	
CITY-ST-ZIP					,
TITLE					,
NAME					
STREET ADDRESS				DO	NOT WRITE
CiTY-ST-ZIP					NO! WINIE
TITLE				IN .	THIS SPACE
NAME				114	ITIIO OI AOL
STREET ADDRESS					
CITY-ST-ZIP		,			
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TOLE					1
NAME			ŀ		
STREET ADDRESS			l		

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 attact mentions, with all other like empowered.

ICER OR DIRECTOR