

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90022 017 \*\*\*150.00

**DOCUMENT # P96000081047**

1. Entity Name

GREG'S WESTERN WEAR, INC.



Principal Place of Business

3385 S. HIGHWAY 17-92  
213  
CASSELBERRY FL 32707  
US

Mailing Address

1425 SUMMIT HILL DRIVE  
DELTONA FL 32725  
US



2. Principal Place of Business

1270 SAXON BLVD

3. Mailing Address

Suite, Apt. #, etc.

Suite 105

Suite, Apt. #, etc.

City & State

ORANGE CITY FL

City & State

City & State

Zip

32763

Country

USA

Zip

Zip

Country

Country

4. FEI Number

59-3402453

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

FARLEY, KEVIN M  
3385 S. HIGHWAY 17-92  
SUITE 213  
CASSELBERRY FL 32707

7. Name and Address of New Registered Agent

Name

FARLEY, KEVIN M

Street Address (P.O. Box Number is Not Acceptable)

1270 SAXON BLVD #105

City

ORANGE CITY

FL

Zip Code

32763

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]*

V.P.

KEVIN M. FARLEY

1-29-2006

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**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	BATTEN, GREGORY A	
STREET ADDRESS	3385 S. HIGHWAY 17-92, STE 213	
CITY-ST-ZIP	CASSELBERRY FL	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	FARLEY, KEVIN M	
STREET ADDRESS	3385 S. HIGHWAY 17-92, STE. 213	
CITY-ST-ZIP	CASSELBERRY FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	FARLEY, TERESA M	
STREET ADDRESS	3385 S HWY 17-92, STE 213	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	D	<input type="checkbox"/> Delete
NAME	BATTEN, LAURA A	
STREET ADDRESS	3385 S HIGHWAY 17-82 213	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1270 SAXON BLVD #105	
CITY-ST-ZIP	ORANGE CITY FL 32763	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1270 SAXON BLVD #105	
CITY-ST-ZIP	ORANGE CITY FL 32763	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1270 SAXON BLVD #105	
CITY-ST-ZIP	ORANGE CITY FL 32763	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1270 SAXON BLVD #105	
CITY-ST-ZIP	ORANGE CITY FL 32763	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Section 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: *[Signature]*

V.P.

KEVIN M. FARLEY

1-29-2006

386-789-8158

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #