2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F92000000673

Entity Name: THE LEATHER FACTORY, INC.

FILED Apr 27, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: AMERICAN LEATHER COMPANY 4901-A RIO VISTA TAMPA, FL 33634 **Current Mailing Address: New Mailing Address:** 3847 E LOOP 820 SOUTH FORT WORTH, TX 76119 US FEI Number: 75-1721123 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SEBOLT, TERRY 4901-A RIO VISTA TAMPA, FL 33606 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: CBOT () Delete Title: () Change () Addition THOMPSON, WRAY Name: Name: 3847 E LOOP 820 SOUTH Address: Address: City-St-Zip: FORT WORTH, TX 76119 City-St-Zip: Title: PD Title: () Delete () Change () Addition Name: MORGAN, RON Name: 3847 E LOOP 820 SOUTH Address: Address: City-St-Zip: FORT WORTH, TX 76119 City-St-Zip: Title: Title: DV () Delete () Change () Addition MORGAN, ROBIN L Name: Name: 3847 F LOOP 820 SOUTH Address: Address: City-St-Zip: FORT WORTH, TX City-St-Zip: Title: () Delete Title: () Change () Addition THOMPSON, JON W. Name: Name: Address: 3847 E. LOOP 820 SOUTH Address: City-St-Zip: FORT WORTH, TX City-St-Zip: Title: Title: () Delete () Change () Addition ANGUS, MARK J Name: Name: 3847 E. LOOP 820 SOUTH Address: Address: City-St-Zip: FORT WORTH, TX City-St-Zip: Title: CFOD () Delete Title: () Change () Addition GREENE, SHANNON L Name: Name: 3847 E. LOOP 820 S. Address: Address: City-St-Zip: City-St-Zip: FORT WORTH, TX 76119

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHANNON L GREENE CFOD 04/27/2004