2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# F92000000673

Entity Name: THE LEATHER FACTORY, INC.

Current Principal Place of Business:

3847 EAST LOOP 820 SOUTH
FORT WORTH, TX 76119 US

New Principal Place of Business:

1900 SOUTH EAST LOOP 820
FORT WORTH, TX 76140 US

Current Mailing Address:

3847 EAST LOOP 820 SOUTH
FORT WORTH, TX 76119 US

New Mailing Address:

1900 SOUTH EAST LOOP 820
FORT WORTH, TX 76140 US

FEI Number: 75-1721123 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Title: CBOT ( ) Delete
Name: THOMPSON, WRAY
Address: 3847 E LOOP 820 SOUTH
City-St-Zip: FORT WORTH, TX 76119

Title: PD ( ) Delete
Name: MORGAN, RON
Address: 3847 E LOOP 820 SOUTH
City-St-Zip: FORT WORTH, TX 76119

Title: DV ( ) Delete
Name: MORGAN, ROBIN L
Address: 3847 E LOOP 820 SOUTH
City-St-Zip: FORT WORTH, TX

Title: V ( ) Delete
Name: THOMPSON, JON W.
Address: 3847 E. LOOP 820 SOUTH
City-St-Zip: FORT WORTH, TX

Title: V ( ) Delete
Name: ANGUS, MARK J
Address: 3847 E. LOOP 820 SOUTH
City-St-Zip: FORT WORTH, TX

Title: CFOD ( ) Delete
Name: GREENE, SHANNON L
Address: 3847 E. LOOP 820 S.
City-St-Zip: FORT WORTH, TX 76119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: SUSAN BATTS CONT 04/30/2008

Electronic Signature of Signing Officer or Director Date