


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 13, 2005 8:00 am**  
**Secretary of State**

09-13-2005 90001 004 \*\*\*150.00

<b>DOCUMENT # J85584</b>	
1. Entity Name <b>THE LEATHER SHOP OF LAKE CITY, INCORPORATED</b>	

Principal Place of Business <b>309 NO. MARION ST. SUITE 1 LAKE CITY, FL 32055 US</b>	Mailing Address <b>309 NO. MARION ST. SUITE 1 LAKE CITY, FL 32055 US</b>
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**50066647**



2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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08262005 Chg-P CR2E034 (10/03)

City & State	City & State	4. FEI Number <b>59-2839078</b>	Applied For Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>
<b>LAMMERS, FRED J</b> <b>309 NO. MARION <del>ST</del> Ave</b> <b>STE 1</b> <b>LAKE CITY, FL 32055</b>

<b>7. Name and Address of New Registered Agent</b>		
Name		
Street Address (P.O. Box Number is Not Acceptable)		
City	<b>FL</b>	Zip Code

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 re-stating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		
TITLE	PVD	<input type="checkbox"/> Delete
NAME	LAMMERS, FRED J <i>Ave</i>	
STREET ADDRESS	309 NO. MARION <del>ST</del> STE 1	
CITY-ST-ZIP	LAKE CITY, FL 32055	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 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		
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 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 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:** *Fred Lammers*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*9/6/05 386-252-0083*  
Date Daytime Phone #

ATTACHMENT

~~50066647~~  
~~# J85584~~

The Leather Shop  
Of Lake City, Incorporated  
309 No. Marion Ave.  
Lake City, Fl. 32055  
386-752-7591

August 23, 2005

Ref.J85584

*To whom it may concern,*

*Enclosed you will find my Annual Report. I have been calling and getting the same recording to call back. I have down loaded this form like they said to do and made the changes that needed to be done. I also went to the Dept. of Rev. for help and they said to make the changes and send it to you. The reason that this has not been sent is that I did not receive a notice. Thank you for all of your help.*

Sincerely,



Fred Lammers