


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90025 050 \*\*\*150.00

<b>DOCUMENT # K62976</b>			
1. Entity Name <b>LEATHER IMPRESSIONS, INC.</b>			
Principal Place of Business <b>CROWN POINTE PARK 7826 KINGS POINTE PKWY ORLANDO FL 32819 US</b>		Mailing Address <b>CROWN POINTE PARK 7826 KINGS POINTE PKWY ORLANDO FL 32819 US</b>	
2. Principal Place of Business <b>7834 KINGS POINTE PARKWAY</b>		3. Mailing Address <b>7834 KINGS POINTE PARKWAY</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>ORLANDO, FLORIDA</b>		City & State <b>ORLANDO, FLORIDA</b>	
Zip <b>32819</b>	Country <b>U.S.A</b>	Zip <b>32819</b>	Country <b>U.S.A</b>
4. FEI Number <b>59-2937110</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>FEENEY, THOMAS C., III 7491 CONROY-WINDERMERE ROAD ORLANDO FL 32811</b>		7. Name and Address of New Registered Agent 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 <u>  /  </u>		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS SINGH, HARI 8186 BLUE STAR CIRCLE ORLANDO FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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MOORE CR2E034 (11/03)

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:**   /   **3/3/04** **407.3631650**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #