

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J85584

**FILED**  
**Jan 28, 2013**  
**Secretary of State**  
**CC8825764860**

**Entity Name:** THE LEATHER SHOP OF LAKE CITY, INCORPORATED

**Current Principal Place of Business:**

309 NO. MARION AVE  
SUITE 1  
LAKE CITY, FL 32055

**Current Mailing Address:**

309 NO. MARION AVE  
SUITE 1  
LAKE CITY, FL 32055 US

**FEI Number: 59-2839078**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

LAMMERS, FRED J  
309 NO. MARION ST.  
STE 1  
LAKE CITY, FL 32055 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

**Officer/Director Detail :**

Title PVD  
Name LAMMERS, FRED J  
Address 309 NO. MARION AVE STE 1  
City-State-Zip: LAKE CITY FL 32055

Title TRES  
Name LAMMERS, CLEARENCE WTRESURE  
Address 309 NO. MARION AVE  
City-State-Zip: LAKE CITY FL 32055

Title SEC  
Name LAMMERS, KYLE WSEC.  
Address 309 NO. MARION AVE  
City-State-Zip: LAKE CITY FL 32055

Title VP  
Name LAMMERS, KEVIN JVPRES  
Address 309 NO. MARION AVE  
City-State-Zip: LAKE CITY FL 32055

*I hereby 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 all other like empowered.*

**SIGNATURE: FRED LAMMERS**

**PRES.**

**01/28/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date