

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # F00000001175

1. Entity Name  
HOBBY LOBBY CO.



Principal Place of Business  
7707 SW 44TH  
OKLAHOMA CITY, OK 73179

Mailing Address  
7707 SW 44TH  
OKLAHOMA CITY, OK 73179



04142004 No Chg-P CR2E034 (10/03)

4. FEI Number  
73-1572479

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CDP  
GREEN, MART D  
7707 SW 44TH STREET  
OKLAHOMA CITY, OK 73179

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DV  
GREEN, DAVID M  
7707 SW 44TH STREET  
OKLAHOMA CITY, OK 73179

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DV  
GREEN, BARBARA A  
7707 SW 44TH STREET  
OKLAHOMA CITY, OK 73179

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DVST  
GREEN, STEVEN T  
7707 SW 44TH STREET  
OKLAHOMA CITY, OK 73179

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
LETT, DARSEE  
7707 SW 44TH STREET  
OKLAHOMA CITY, OK 73179

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VS  
DOBELBOWER, PETER M  
7707 SW 44TH STREET  
OKLAHOMA CITY, OK 73179

U00000152336  
05/04/04-80080-022 158.75

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VP + CFO

Date

4/26/04

Daytime Phone #

405-745-1100