2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000004232

Apr 27, 2004 Secretary of State

Entity Name: TANDY LEATHER COMPANY, INC. **Current Principal Place of Business: New Principal Place of Business:** 2325B RENAISSANCE DRIVE, STE. 10 LAS VEGAS, NV 89119 **Current Mailing Address: New Mailing Address:** 2325B RENAISSANCE DRIVE, STE. 10 LAS VEGAS, NV 89119 FEI Number: 88-0481095 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HIXSON, JUDI 3092 ALOMA AVENUE, STE. 210 WINTER PARK, FL 32792 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition THOMPSON, WRAY Name: Name: 2803 WOODWIND DRIVE Address: Address: City-St-Zip: ARLINGTON, TX 76013 City-St-Zip: () Delete Title: DP Title: () Change () Addition Name: MORGAN, RONALD C Name: 7200 LAKE HAVASU COURT Address: Address: City-St-Zip: ARLINGTON, TX 76016 City-St-Zip: Title: Title: DT () Delete () Change () Addition GREENE, SHANNON L Name: Name: 3800 FALCON LAKE DRIVE Address: Address: City-St-Zip: ARLINGTON, TX 76016 City-St-Zip: Title: VΡ () Delete Title: () Change () Addition MORGAN, ROBIN L Name: Name: Address: 7200 LAKE HAVASU COURT Address: City-St-Zip: ARLINGTON, TX 76016 City-St-Zip: Title: Title: () Delete

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Name:

Address:

City-St-Zip:

SIGNATURE: SHANNON L GREENE DT 04/27/2004

WARREN, WILLIAM M

4420 W VICKERY BLVD.

FORT WORTH, TX 76185

Name:

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