


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 08, 2004 08:00 AM
Secretary of State

DOCUMENT # F94000000383	
1. Entity Name D & L HOUSE OF LEATHER, INC.	

Principal Place of Business 350 MAIN STREET - ROUTE 28 WEST YARMOUTH, MA 02673	Mailing Address 350 MAIN STREET - ROUTE 28 WEST YARMOUTH, MA 02673
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DO NOT WRITE IN THIS SPACE



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number 04-3056215	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**DONAHUE, DENISE
10 WALNUT LANE
ORMOND BEACH, FL 32174**

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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE PCST	NAME DONAHUE, DENISE
STREET ADDRESS 10 WALNUT LANE	CITY-ST-ZIP ORMOND BEACH, FL 32174
TITLE VC	NAME DONAHUE, WILLIAM
STREET ADDRESS 10 WALNUT LANE	CITY-ST-ZIP ORMOND BEACH, FL 32174
TITLE D	NAME CHAREST, DORIS
STREET ADDRESS 384 LAKESIDE DRIVE	CITY-ST-ZIP MARSTONS HILLS, MA 02648
TITLE D	NAME ATCHESON, MICHELLE
STREET ADDRESS 384 LAKESIDE DRIVE	CITY-ST-ZIP MARSTONS MILLS, MA
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP

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U000000080823
03/08/04-80125-002 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **3/6/04** **508 728 4055**

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