


2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # F95000006234

1. Entity Name
LEATHERTONE, INC.



Principal Place of Business
153 HAMLET AVENUE
WOONSOCKET, RI 02895

Mailing Address
P.O. BOX 247
WOONSOCKET, RI 02895



01052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-2028421

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

RUBENSTEIN, JULES
2430 PRESIDENTIAL WAY
APT 708
WEST PALM BEACH, FL 33401

DO NOT WRITE IN THIS SPACE

6. 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 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	PD RUBENSTEIN, JAMES 31 CONDOR ROAD SHARON, MA 02067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCD RUBENSTEIN, JULES 2450 PRESIDENTIAL WAY W. PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RUBENSTEIN, HOWARD 4 RAVEN LANE SHARON, MA 02067
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01/20/04-80052-008 150.00

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: *James P. Miller* **1-14-04**

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