## 2005 FOR PROFIT CORPORATION

## **FILED** Sep 13, 2005 8:00 am Secretary of State DOCUMENT # J85584 1. Entity Name 09-13-2005 90001 004 \*\*\*150.00 THE LEATHER SHOP OF LAKE CITY, INCORPORATED Mailing Address Principal Place of Business 309 NO. MARION ST. 309 NO. MARION ST. 50066647 SUITE 1 SUITE 1 LAKE CITY, FL 32055 US LAKE CITY, FL 32055 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite Apt. #Leto. 08262005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-2839078 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LAMMERS, FRED J 309 NO. MARION STO A VE Street Address (P.O. Box Number is Not Acceptable) STE 1 LAKE CITY, FL 32055 City Zip Code 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 Signature, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 7, 2005 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE Addition عن م LAMMERS, FRED J NAME NAME STREET ADDRESS 309 NO. MARION SE STE 1 STREET ADDRESS CITY-ST-ZIF LAKE CITY, FL 32055 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ■ Addition TITLE Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME

12. Thereby 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. changed, or on an attachment

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Change

☐ Addition

The Leather Shop

The Leather Shop
Of Lake City, Incorporated
309 No. Marion Ave.
Lake City, Fl. 32055
386-752-7591

August 23, 2005

Ref.J85584

To whom it may concern,

Enclosed you will find my Annual Report. I have been calling and getting the same recording to call back. I have down loaded this form like they said to do and made the changes that needed to be done. I also went to the Dept. of Rev. for help and they said to make the changes and send it to you. The reason that this has not been sent is that I did not receive a notice. Thank you for all of your help.

Sinceraly,

Fred Lammers