

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90031 024 ***150.00

DOCUMENT # P96000070000

1. Entity Name
LARUE LEATHER GALLERY INC.



Principal Place of Business
**3801 N. FEDERAL HWY
OAKLAND PARK, FL 33307 US**

Mailing Address
**1040 SW 10TH AVE SUITE 5
POMPAÑO BEACH, FL 33069 US**

40020803



2. Principal Place of Business - No P.O. Box #
1040 SW 10th Ave.

3. Mailing Address
1040 SW 10th Ave.

01182008 Chg-P CR2E034 (12/06)

Suite, Apt. #, etc.
Bay # 5

Suite, Apt. #, etc.
Bay # 5

4. FEI Number
65-0692404

Applied For
Not Applicable

City & State
Pompano Bch., FL

City & State
Pompano Bch., FL

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LARUE, RODNEY
5850 W ATLANTIC AVE
DELRAY BEACH, FL 33484**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

2/6/08

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPS
LARUE, RODNEY
5850 W ATLANTIC AVE
DELRAY BEACH, FL 33484** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVT
MAYNARD, TIMOTHY
5850 W ATLANTIC AVENUE
DELRAY BEACH, FL 33484** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

2/6/08

Date

Daytime Phone #