

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000023086

FILED
Jan 04, 2008
Secretary of State

Entity Name: LEATHER CRAFTERS INC.

Current Principal Place of Business:

UNIVERSITY MALL
7171 N DAVIS HWY
PENSACOLA, FL 32504 US

New Principal Place of Business:

Current Mailing Address:

UNIVERSITY MALL
7171 N DAVIS HWY
PENSACOLA, FL 32504 US

New Mailing Address:

FEI Number: 59-3503087 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCLESTER, WILLIAM T
4025 MALTESE WAY
PENSACOLA, FL 32506 US

Name and Address of New Registered Agent:

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:

Title: P () Delete
Name: MCLESTER, WILLIAM T
Address: 4025 MALTESE WAY
City-St-Zip: PENSACOLA, FL 32506

Title: V () Delete
Name: MCLESTER, ELAINE
Address: 4025 MALTESE WAY
City-St-Zip: PENSACOLA, FL 32506

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: V () Change (X) Addition
Name: MCLESTER, RACHEL L
Address: 4025 MALTESE WAY
City-St-Zip: PENSACOLA, FL 32506 US

Title: V () Change (X) Addition
Name: MCLESTER, MELISSA N
Address: 4025 MALTESE WAY
City-St-Zip: PENSACOLA, FL 32506 US

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

SIGNATURE: WILLIAM T. MCLESTER

P

01/04/2008

Electronic Signature of Signing Officer or Director

_____ Date