


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # V49497 1. Entity Name WILSONS LEATHER OF FLORIDA INC.	
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Principal Place of Business 7401 BOONE AVE NO BROOKLYN PARK, MN 55428 US	Mailing Address 7401 BOONE AVE NO BROOKLYN PARK, MN 55428 US
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04232004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 41-1728910 ✓	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent UNITED STATES CORPORATION COMPANY 1201 HAYES STREET SUITE 105 TALLAHASSEE, FL 32301

**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 _____ (Signature, typed or printed name of registered agent and title if applicable. (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

**U00000150770
05/04/04-80016-022 150.00**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROGERS, DAVID 2208 HUNTINGTON PT WAYZATA, MN 55391
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C WALLER, JOEL 1201 YALE PLACE, #1306 MINNEAPOLIS, MN 55403
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LAPINKSY, CORRINE 7401 BOONE AVE NO BROOKLYN PARK, MN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO MICHIELUTTI, PETER G 7401 BOONE AVE NO BROOKLYN PARK, MN 55428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KRUSE, STACY 7401 BOONE AVE. N BROOKLYN PARK, MN 55428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby 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.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-04 763-391-4000
Date Daytime Phone #