




2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90297 001 ***150.00

DOCUMENT # V49497 1. Entity Name WILSONS LEATHER OF FLORIDA INC. ✓					
Principal Place of Business 7401 BOONE AVE NO ✓ BROOKLYN PARK, MN 55428 ✓ US			Mailing Address 7401 BOONE AVE NO ✓ BROOKLYN PARK, MN 55428 ✓ US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Attn: Tax Dept. ←		Please Add 00043250 	
City & State		City & State		01132005 Chg-P CR2E034 (10/03)	
Zip Country		Zip Country		4. FEI Number 41-1728910 ✓	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent UNITED STATES CORPORATION COMPANY 1201 HAYES STREET SUITE 105 TALLAHASSEE, FL 32301 ✓ (Spelling Correction)			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Hayes 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P ROGERS, DAVID 2208 HUNTINGTON PT WAYZATA, MN 55391	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(no president at this time) <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C WALLER, JOEL 1201 YALE PLACE, #1306 MINNEAPOLIS, MN 55403	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ✓ LAPINKSY, CORRINE 7401 BOONE AVE NO ✓ BROOKLYN PARK, MN	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO ✓ MICHELUTTI, PETER G 7401 BOONE AVE NO ✓ BROOKLYN PARK, MN 55428	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, V, COO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ✓ KRUSE, STACY 7401 BOONE AVE. N ✓ BROOKLYN PARK, MN 55428	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	✓ <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, C, CEO Michael M. Searles 7401 Boone Ave. N. Brooklyn Park, MN 55428 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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:  Stacy Kruse 4-18-05 763 391-4000 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					