

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000036594

**Entity Name:** ADDICTED 2 TATTOOS, INC.

**Current Principal Place of Business:**

4819 E, BUSCH BLVD.  
#107  
TAMPA, FL 33617

**Current Mailing Address:**

4819 E. BUSCH BLVD.  
#107  
TAMPA, FL 33617 US

**FEI Number:** 41-2233808

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WELCH, LINDA  
4819 E. BUSCH BLVD.  
#107  
TAMPA, FL 33617 US

*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

**Officer/Director Detail :**

Title            PRES  
Name            WELCH, LINDA  
Address        4819 E. BUSCH BLVD.  
                  #107  
City-State-Zip: TAMPA FL 33617

Title            TRES  
Name            STOVER, LINDSEY  
Address        4819 E. BUSCH BLVD.  
                  #107  
City-State-Zip: TAMPA FL 33617

Title            SECT  
Name            WELCH, LINDA  
Address        4819 E. BUSCH BLVD.  
                  #107  
City-State-Zip: TAMPA FL 33617

Title            DIR  
Name            WELCH, LINDA  
Address        4819 E. BUSCH BLVD.  
                  #107  
City-State-Zip: TAMPA FL 33617

*I hereby 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 all other like empowered.*

**SIGNATURE:** LINDA O. WELCH

**OWNER**

**03/28/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date