


FILED
May 19, 2004 8:00 am
Secretary of State

05-19-2004 90014 018 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

54054909

DOCUMENT # P01000002419 1. Entity Name R & D'S FEELIN LUCKY TATTOO, INC.	
---	---

Principal Place of Business 425 PLAZA DR EUSTIS, FL 32726-6523	Mailing Address 425 PLAZA DR EUSTIS, FL 32726-6523
--	--



01142004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3690297	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 LEIGHTON, RUSSELL W 848 NAVAL ORANGE DR ORANGE CITY, FL 32763	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRAYTON, RICHARD 425 PLAZA DR EUSTIS, FL 32726
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BRAYTON, D DARLENE 425 PLAZA DR EUSTIS, FL 32726
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: Darlene Brayton 4-15-04 386 527 5582
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #