


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 09, 2004 8:00 am
Secretary of State

09-09-2004 90003 036 ***150.00

DOCUMENT # P03000147487 1. Entity Name RAT A TAC TAT TATTOO, INC.					
Principal Place of Business 310 CAUSEWAY BLVD DUNEDIN, FL 34698			Mailing Address 310 CAUSEWAY BLVD DUNEDIN, FL 34698		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
4. FEI Number 20-0449533			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent RAMSEY, RUSSELL 799 E KLOSTERMAN RD LOT 58 TARPON SPRINGS, FL 34689				7. Name and Address of New Registered Agent Name CORINNE RAMSEY Street Address (P.O. Box Number is Not Acceptable) 799 E. KLOSTERMAN RD LOT #58 City TARPON SPRINGS FL Zip Code 34689	
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: <u>CORINNE RAMSEY</u> 8/28/04 <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 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PRESIDENT <input checked="" type="checkbox"/> Delete NAME RUSSELL RAMSEY STREET ADDRESS 799 E KLOSTERMAN RD LOT #58 CITY-ST-ZIP TARPON SPRINGS, FL 34689			TITLE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME CORINNE RAMSEY STREET ADDRESS 799 E. KLOSTERMAN RD LOT #58 CITY-ST-ZIP TARPON SPRINGS, FL 34689		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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: <u>CORINNE RAMSEY</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			8/28/04 7366700 <small>Date Daytime Phone #</small>		

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