


FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90014 040 ***158.75

**2008 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P97000006585
 1. Entity Name
TROPICAL TATTOO, INC.



Principal Place of Business Mailing Address
825 S YONGEST **825 S YONGEST**
ORMONDBEACH FL 32174 **ORMONDBEACH FL 32174**

DO NOT WRITE IN THIS SPACE



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3426974	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ROBINSON, DAVID C
1326 SO RIDGEWOOD AVE. STE 6
DAYTONA BEACH, FL 32114

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$350.00

9. Election Campaign Financing
 Trust Fund Contribution. **\$5.00** May Be
 Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVSD PERRY, WILLIAM A 825 S YONGE ST ORMONDBEACH, FL 32174
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 my address, with authority like empowered.

SIGNATURE: *William A. Perry* **William A. PERRY** 1/7/08 (386)672-1888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #