

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000006585

Entity Name: TROPICAL TATTOO, INC.

**FILED**  
**Jan 08, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

825 S. YONGE ST  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

**Current Mailing Address:**

825 S. YONGE ST  
ORMOND BEACH, FL 32174

**New Mailing Address:**

FEI Number: 59-3426974

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

ROBINSON, DAVID C  
1326 SO RIDGEWOOD AVE. STE 6  
DAYTONA BEACH, FL 32114 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PVSD  
Name: PERRY, WILLIAM A  
Address: 825 S YONGE ST  
City-St-Zip: ORMOND BEACH, FL 32174

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: WILLIAM A. PERRY

PVSD

01/08/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date