

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90077 031 ***150.00

DOCUMENT # P97000051668

1. Entity Name
DEVOTION TATTOO, INC.



Principal Place of Business
1010 N. MILLS AVE.
ORLANDO, FL 32803 US

Mailing Address
1010 N. MILLS AVE.
ORLANDO, FL 32803 US

50015321



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01202005

Chg-P

CR2E034 (10/03)

4. FEI Number
59-3450074

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCLEOD, LANCE C
1406 GRANVILLE LN
ORLANDO, FL 32803

7. Name and Address of New Registered Agent

Name **MCLEOD, LANCE C.**

Street Address (P.O. Box Number is Not Acceptable)
1309 DRUID ISLE RD

MAITLAND, FL 32751

City

FL

Zip Code
32751

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 *Lance McLeod* **Lance McLeod**

DATE **2/10/05**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE
NAME **PTS**
STREET ADDRESS **MCLEOD, LANCE C**
CITY-ST-ZIP **1406 GRANVILLE LN**
ORLANDO, FL 32803

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME **PRESIDENT**
STREET ADDRESS **MCLEOD, LANCE C**
CITY-ST-ZIP **1309 DRUID ISLE RD**
MAITLAND, FL 32751

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

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: *Lance McLeod* **Lance McLeod** **2/10/05** **(407) 894-7888**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #