2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 21, 2005 8:00 am Secretary of State

Scountry	1. Entity Nam	MENT # P980000981 CH, TATTOOING AND PIER				01-21-200	5 90046 016 ***	158.75
Suite, Apl. #, etc. Suite, Apl. #, etc. O1172005 Chg-P CR2E34 (10/03)	806 WEST UNIVERSITY AVE.		806 WEST UNIVERSITY AVE.				50004	585
City & State Ci	2. Principal P	lace of Business	3. Mailing Address					
Zip Country Zip Country 59-3546582	Suite, Apt. #, etc.		Suite, Apt. #, etc.		01172005	Chg-P	CR2E034 (10/03)	i
ESSARD, WAYNE BOG WEST UNIVERSITY AVE. GAINESVILLE, FL 32601 City FL Zip Code	City & State		City & State				} -	
S. Name and Address of Current Registered Agent	Zip	Country	Zip	Country	-	•	\$8.75 AC	ditional
Name Street Audress (P. O. Box Number is Not Acceptable) Street Audress (P. O. Box Number is Not		6. Name and Address of Current R	egistered Agent		7. Name and	Address of New F	<u> </u>	
SIGNATURE SUBJECT AUDIES \$150.00. 10. :s OFFICERS AND DIRECTORS INTELLED BOOK WEST UNIVERSITY AVE BOSINET AUDIES STREET AUDIESS OUT '51-2P CHange Delete NAME STREET AUDIESS OUT '51-2P CHANGES CHA		· ⁽	<u> </u>	Name	-			
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature	806 WEST UNIVERSITY AVE.			Street Addres	s (P.O. Box Numbe	r is Not Acceptabl	e)	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE				City			FL Zip Co	de
### Parameter name of programed agreem and tell regulational programed agreem and tell regulational programed agreem and tell regulation Campaign Financing \$5.00 May Be Added to Fees \$1.00			the purpose of changing its req	l gistered office or regis	stered agent, or both	n, in the State of FI	orida. I am familiar with	, and accept
### FILE NOW!II FEE IS \$150.00 ### After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution S5.00 May Be Added to Fees	SIGNATURE	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE: Re	egistered Agent signature requ	ired when reinstaling)		DATE	
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		certify that the information supplied with	this filing does not qualify for the		Section 119.07(3)(i), Florida Statutes	. I further certify that the	information

indicated on this report or supplied with this hang does not quality for the exemption stated in occuration 19.07(3)(). Profide Statutes, I further certify that the information indicated on this report or suppliemental poor 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR