

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000018027

1. Entity Name
TRANQUILITY ADULT DAY CARE CENTER INC.



Principal Place of Business
**7507-2 ALOMA AVE
WINTER PARK, FL 32792**

Mailing Address
**7507-2 ALOMA AVE
WINTER PARK, FL 32792**



01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEJ Number
59-3712386

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MCMILLAN, SANDRA
7507-2 ALOMA AVE
WINTER PARK, FL 32792**

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I, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

U00000126380
04/23/04-80031-018 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCMILLAN, SANDRA 7507-2 ALOMA AVE. WINTER PARK, FL 32792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCMILLAN, BASIL 7507-2 ALOMA AVE. WINTER PARK, FL 32792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Basil McMillan (BASIL I. MCMILLAN) 4/21/04 (407)6576627

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR On Daytime Phone #