2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 10, 2004 8:00 am
Secretary of State
09-10-2004 90004 006 ***150.00

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09022004 Chg-P CR2E034 (10/03)

DOCUMENT # P03000043435

1. Entity Name
TRANQUIL ILLUSIONS INC.

Principal Place of Business	Mailing Address
6925 GREENFIELD RD. YOUNGSTOWN, FL 32466	6925 GREENFIELD RD. YOUNGSTOWN, FL 32466

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip — — Country	Zip — — Country

4. FEI Number 77-0597415 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ARMSTRONG, MARVIN E 6925 GREENFIELD RD. YOUNGSTOWN, FL 32466	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ARMSTRONG, KATHY H 6925 GREENFIELD RD. YOUNGSTOWN, FL 32466	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ARMSTRONG, MARVIN E 6925 GREENFIELD RD. YOUNGSTOWN, FL 32466	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: M.E. Armstrong Marvin E. Armstrong 9-5-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #