

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P04000109985

1. Entity Name  
TRANQUIL TIMES INC



Principal Place of Business  
7552 CONGRESS ST. STE 2  
NEW PORT RICHEY, FL 34653

Mailing Address  
7552 CONGRESS ST. STE 2  
NEW PORT RICHEY, FL 34653



04292008 No Chg-P CR2E034 (11/05)

4. FEI Number  
20-1435615

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

MITCHELL, CAROL A  
7552 CONGRESS ST. STE 2  
NEW PORT RICHEY, FL 34653

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when registering)

04292008 04292008 04292008

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	NOACK, MARY L
STREET ADDRESS	7552 CONGRESS ST. STE 2
CITY- ST- ZIP	NEW PORT RICHEY, FL 34653
TITLE	DVPS
NAME	MITCHELL, CAROL A
STREET ADDRESS	7552 CONGRESS ST. STE 2
CITY- ST- ZIP	NEW PORT RICHEY, FL 34653
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U00000941524  
05/28/08-80109-024 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CAROL A  
MITCHELL  
VP

4/29/08 727-845-8101