| FOR PROFIT CORPORATION<br>UNIFORM BUSINESS REPORT (UBR)  |                                   |  |                               |  | FILED<br>Mar 10, 2008 8:00 am<br>Secretary of State<br>03-10-2008 90052 018 ***150.00  |   |
|--|-----------------------------------|--|-------------------------------|--|--|---|
| DOCUMENT i<br>1. Entity Name   | # P070000216                      | 882                                    |                               |  | 03-10-2008 90052 018   | 130.00  |
| TRANQUIL VISIONS,  | •                                 |  |                               |  | V  |   |
| DO NOT WRITE IN THIS SPACE   |                                   |  |                               |  | 10041252   |   |
| 2. Principal Place of Business<br>13045 SADDLE WAY   |                                   | 3. Mailing Address<br>13045 SADDLE WAY |                               |  |  |   |
| Suite, Apt. #, etc.  |                                   | Suite, Apt. #, etc.                    |                               |  | DO NOT WRITE IN THIS SPACE   |   |
| City & State   |                                   | City & State                           |                               | 4.   | 4. FEI Number Applied For  |   |
| BROOKSVILLE, FL  |                                   | BROOKSVILLE, FL                        |                               | 20-8   | 20-8469332 Not Applicable  |   |
| Zip<br>34614   | Country<br>USA                    | Zip<br>34614                           | USA                           | 5.   | Certificate of Status Desired  | \$8.75 Additional<br>Fee Required               |
| يە - يەسەنىي يار يەت<br>-  | . •• ••                           |  |                               | Name a   | nd Address of Current Regi   | stered Agent                                    |
|  |                                   |  |                               |  |  |   |
|  |                                   |  | Street /                      | Street Address (P.O. Box Number is Not Acceptable)<br>13045 SADDLE WAY |  |   |
|  | N THIS SI                         | PACE                                   |                               |  |  |   |
|  |                                   |  | City                          |  | FL   | Zip Code  |
| 8. The above name  | d entity submits this             | statement for the purp                 | BROOKS                        | registere  | d office or registered agent, d  | or both, in the                                 |
| State of Florida. I  | an familiar with, an              | d accept the obligation                | ns of registered age          | nt.  |  | Lan   |
| SIGNATURE  | RED                               |  | 1                             |  | 5/   | 408   |
|  | May 1 Fee is \$15                 | of registered agent and title 0.00     | if applicable. (NOTE: F       | Registered /   | Agent signature required when reinstat   | lin <b>(</b> ) <u>DATE</u>                      |
| After May 1, Fee is \$550.00<br>Amended UBR is \$61.25   |                                   |  |                               |  | Election Campaign Financing<br>Trust Fund Contribution.  | \$5.00 May Be<br>Added to Fees                  |
| Make Check Payabl  | e to Florida Depart               | ment of State                          |                               |  |  |   |
| TITLE  | OFFICERS.                         | AND DIRECTORS                          | 11.<br>TITLE                  |  |  |   |
| NAME   | JAMES B. FRANC                    |  | NAMÉ                          |  |  | •   |
| STREET ADDRESS   | 13045 SADDLE W                    |  | STREET ADDI                   | RESS   |  |   |
| TITLE  | D,S,T                             |  | TITLE                         |  | · · · ·  |   |
| NAME<br>STREET ADDRESS   | AMY FRANCIS                       | AY                                     | NAME '<br>STREET ADD          | RESS -   |  | ·   |
| CITY-ST-ZIP  | BROOKSVILLE, F                    |  | CITY-ST-ZIP                   |  |  | ·   |
| TITLE -<br>NAME  | VP<br>JESSE FRANCIS               |  | NAME                          |  | and the second   |   |
| STREET ADDRESS   | 13045 SADDLE W                    |  | STREET ADD                    | RESS   | DO NOT V   |   |
| CITY-ST-ZIP<br>TITLE   | BROOKSVILLE, F                    | L 34614                                | CITY-ST-ZIP<br>TITLE          | '  | · · · · · · · · · · · · · · · · · · ·  |   |
| NAME   | JAMES FRANCIS                     |  | NAME                          |  | IN THIS S  | PACE  |
| STREET ADDRESS<br>CITY-ST-ZIP  | 13045 SADDLE W<br> BROOKSVILLE, F |  | STREET ADDI<br>CITY-ST-ZIP    | RESS   |  |   |
| TITLE  |                                   |  | TITLE                         |  | · · · · · · · · · · · · · · · · · · ·  |   |
|  |                                   |  | NAME                          | 2500   |  | •   |
| STREET ADDRESS<br>CITY-ST-ZIP  | ITY-ST-ZIP                        |  | STREET ADDRESS<br>CITY-ST-ZIP |  | •. ' · · · · · · · · · · · · · · · · · ·   | r*  |
| TITLE  |                                   |  | TITLE                         |  | r ag   |   |
| NAME<br>STREET ADDRESS   |                                   |  |                               | RESS   | استان المستحم مي الله أن من المراجع الم المراجع الم المراجع الم المراجع الم المراجع الم المراجع الم المراجع ال<br>الم الله الله الله المراجع المر<br>الم يستحد المستحد المراجع المرا | n na seanna an |
| CITY-ST-ZIP  | the information over-the          | d with this filles does                | CITY-ST-ZIP                   |  |  | 04-4 4-4 4 5 4 1                                |
| certify that the infor   | mation indicated on thi           | s report or supplemental               | report is true and accu       | urate and t  | d in Section 119.07(3)(i), Florida 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 theory name appears in Block 10 or on an attachment with an address, with all other like empowered. |                                   |  |                               |  |  |   |
| chepier our, monda statues, and that my manne appears in block to or on an attachment with an address, with all other like empowered.  |                                   |  |                               |  |  |   |
| SIGNATURE: MACTING IAMES & ERANCIS INTANA (DED) 040 0000   |                                   |  |                               |  |  |   |
| SIGNATURE: JAMES B. FRANCIS (352) 848-0036<br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  |                                   |  |                               |  |  |   |
| L  | <u> </u>                          |  |                               |  |  |   |