

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90052 018 ***150.00

DOCUMENT # P07000021682
1. Entity Name
TRANQUIL VISIONS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 13045 SADDLE WAY Suite, Apt. #, etc.	3. Mailing Address 13045 SADDLE WAY Suite, Apt. #, etc.
City & State BROOKSVILLE, FL	City & State BROOKSVILLE, FL
Zip 34614	Country USA

40041252

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-8469332	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name JAMES B. FRANCIS	
Street Address (P.O. Box Number is Not Acceptable) 13045 SADDLE WAY	
City BROOKSVILLE	FL Zip Code 34614

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 reinstating) **DATE**

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,P JAMES B. FRANCIS 13045 SADDLE WAY BROOKSVILLE, FL 34614	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,S,T AMY FRANCIS 13045 SADDLE WAY BROOKSVILLE, FL 34614	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JESSE FRANCIS 13045 SADDLE WAY BROOKSVILLE, FL 34614	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JAMES FRANCIS 13045 SADDLE WAY BROOKSVILLE, FL 34614	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

JAMES B. FRANCIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(352) 848-0036

Daytime Phone #