2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 17, 2009
Secretary of State

DOCUMENT# P08000069404

Entity Name: TRANQUILITY SERVICE INC.

Current Principal Place of Business:

106 BEDFORD DRIVE
FORT PIERCE, FL 34946

New Principal Place of Business:

Current Mailing Address:

106 BEDFORD DRIVE
FORT PIERCE, FL 34946

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DIXON, ALLECIA C
106 BEDFORD DRIVE
FORT PIERCE, FL 34946 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: DIXON, ALLECIA C
Address: 106 BEDFORD DRIVE
City-St-Zip: FORT PIERCE, FL 34946

Title: VP ( ) Delete
Name: MACKEY, VERNA D
Address: 2337 S.E. RAINIER ROAD
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: S ( ) Delete
Name: MACKEY, VALARIE V
Address: 2307 S.E. AVALON ROAD
City-St-Zip: PORT ST. LUCIE, F 34952

Title: T ( ) Delete
Name: NAILS, KIMMY D
Address: N.W. 88TH AVE
City-St-Zip: SUNRISE, FL 33351

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALLECIA DIXON P 06/17/2009

Electronic Signature of Signing Officer or Director Date