

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000018275

**FILED**  
**Feb 16, 2012**  
**Secretary of State**

**Entity Name:** TRANQUILITY OUTDOOR LIVING INC

**Current Principal Place of Business:**

5668 FISHHAWK CROSSING BLVD  
#200  
LITHIA, FL 33547 US

**New Principal Place of Business:**

**Current Mailing Address:**

5668 FISHHAWK CROSSING BLVD  
#200  
LITHIA, FL 33547 US

**New Mailing Address:**

**FEI Number:** 27-5406095      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

DEMAREST, EVA  
5668 FISHHAWK CROSSING BLVD  
#200  
LITHIA, FL 33547 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: DEMAREST, RICHARD  
Address: 5668 FISHHAWK CROSSING BLVD #200  
City-St-Zip: LITHIA, FL 33547 US

Title: VP  
Name: DEMAREST, EVA  
Address: 5668 FISHHAWK CROSSING BLVD #200  
City-St-Zip: LITHIA, FL 33547 US

I hereby 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 all other like empowered.

SIGNATURE: EVA DEMAREST

VP

02/16/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date