2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000072347

1. Entity Name

TRANQUILITY BUILDERS OF FLORIDA, INC.



FILED May 04, 2004 8:00 am Secretary of State

05-04-2004 90187 012 ***158.75

Principal Place of Business Mailing Address 13 MOUNT VERNON LANE 13 MOUNT VERNON LANE 24068989 PALM COAST, FL 32164-8717 PALM COAST, FL 32164-8717 US CR2E034 (10/03) 04282004 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 58-2371492 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ANGIUOLI, EDWARD J III DO NOT WRITE 13 MOUNT VERNON LANE PALM COAST, FL 32164-8717 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 reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE ANGIUOLI, ANTHONY NAME STREET ADDRESS 13 MOUNT VERNON LANE CITY-ST-ZIP PALM COAST, FL 321648717 TITLE SECT. -TREAS NAME EDWARD J. ANGIHOLI TIL STREET ADDRESS 13 MT. VERNON LANG CITY-ST-ZIP FL. 32164 PALM COAST TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAMÉ STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered. CDWARD J. ANGLUOLI THE

SIGNATURE: Ely Glat Sec	4-29-04	380	6-931-0899
SIGNATURE AND THE PED OR PRINTED NAME OF SIGNING OFFICER	OR DIRECTOR	Date	Daytime Phone #