


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # J03817

1. Entity Name
HARMONY INVESTMENT CORPORATION



Principal Place of Business: 4440 BEACON CIRCLE, #100
W. PALM BCH., FL 33407

Mailing Address: 4440 BEACON CIRCLE, #100
W. PALM BCH., FL 33407

DO NOT WRITE IN THIS SPACE



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number: 59-2653917 Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ZANE, JEFFREY
4800 RIVERSIDE DR
STE 101
PALM BEACH GRDNS, FL 33410

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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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	KIRVIN, JAMES J., III
STREET ADDRESS	4800 RIVERSIDE DR #101
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	VP
NAME	COHEN, JOEL E
STREET ADDRESS	4800 RIVERSIDE DR STE 101
CITY-ST-ZIP	PALM BEACH GRDNS, FL 33410
TITLE	S
NAME	ACKERMAN, GARY
STREET ADDRESS	4800 RIVERSIDE DR #101
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/14/05-80014-005 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(D), 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.

SIGNATURE: James J. Kirvin Date: 2/11/05 City/Time Phone #: (561) 845-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR