

2005 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

05 SEP 20 PM 12:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L84265

1. Entity Name
HARMON FUNERAL HOME, INC.



Principal Place of Business
5002 N. 40TH ST.
TAMPA, FL 33610

Mailing Address
P.O. BOX 310337
TAMPA, FL 33680

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09122005

Chg-P

CR2E034 (10/03)

4. FEI Number

59-3022099

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HERMS, GERALD R.
17700 HANNA RD.
LUTZ, FL 33549

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE SD ☐ Delete
NAME HARMON, CECELIA N
STREET ADDRESS 3218 LANCASTER LANE
CITY-ST-ZIP TAMPA, FL

TITLE VP ☐ Delete
NAME HARMON, JOHN W III
STREET ADDRESS 3218 LANCASTER LANE
CITY-ST-ZIP TAMPA, FL

TITLE P ☐ Delete
NAME HARMON, DOROTHY
STREET ADDRESS 3930 CHERRY STREET
CITY-ST-ZIP TAMPA, FL

TITLE MT ☐ Delete
NAME HARMON, JAMES A
STREET ADDRESS 3930 CHERRY STREET
CITY-ST-ZIP TAMPA, FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
400060203474
10/04/05--01011--014 **150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
K. Eckel SEP 20 2005

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JOHN W. HARMON III 09-16-2005