

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 08:00 A**  
**Secretary of State**

**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**



04162007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3022099</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
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)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	SD
NAME	HARMON, CECILIA N
STREET ADDRESS	3218 LANCASTER LANE
CITY- ST- ZIP	TAMPA, FL
TITLE	VP
NAME	HARMON, JOHN W III
STREET ADDRESS	3218 LANCASTER LANE
CITY- ST- ZIP	TAMPA, FL
TITLE	P
NAME	HARMON, DOROTHY
STREET ADDRESS	3930 CHERRY STREET
CITY- ST- ZIP	TAMPA, FL
TITLE	MT
NAME	HARMON, JAMES A
STREET ADDRESS	3930 CHERRY STREET
CITY- ST- ZIP	TAMPA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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05/02/07-80077-024 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** *Dorothy Eaton Harmon*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*4-17-07 813-626-8600*