


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 29, 2005 08:00 AM
Secretary of State

DOCUMENT # 434502
1. Entity Name
HARMON INDUSTRIES, INC.



Principal Place of Business
**14330 S. TAMiami TRAIL
FT. MYERS, FL 33912**

Mailing Address
**14330 S. TAMiami TRAIL
FT. MYERS, FL 33912**

DO NOT WRITE IN THIS SPACE



07222005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1487126	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HARMON, JUDITH L.
13593 BRYNWOOD
FT. MYERS, FL 33912**

**DO NOT WRITE
IN THIS SPACE**

B. 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 reissuing)

**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 NAME STREET ADDRESS CITY - ST - ZIP	PD HARMON, JUDITH L 13593 BRYNWOOD FT. MYERS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HARMON, DAVID 8219 RIVERA SHORE COURTY ORLANDO, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST HARMON, RICHARD A 13953 BRYNWOOD FT. MYERS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HARMON PRUSSEY, KAREN 8724 LACHATEAU DRIVE FORT MYERS, FL 33905
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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07/29/05-00004-014 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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] **7/26/05** **239-482-7220**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #