

**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**



07222005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1487126

Applied For
Not Applicable

5. Certificate of Status Desired **X** **\$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**

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 re-registering)

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

**DO NOT WRITE
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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/26/05

Date

239-482-7220

Daytime Phone #