

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 27, 2008 8:00 am
Secretary of State

05-27-2008 90036 013 ****75.00

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1. Entity Name
HARMON'S "HALF-WAY" HOME, INC.



Principal Place of Business
906 E. FLORA STREET
TAMPA, FL 33604-5050

Mailing Address
PO BOX 3184
TAMPA, FL 33601-3184

90109000



04292008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-1621853

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HARMON, JAMES A.
906 E. FLORA STREET
TAMPA, FL 33604-5050

**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 _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution.

☒ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
EDP
HARMON, DOROTHY E.
3930 CHERRY STREET
TAMPA, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVPS
HARMON, JAMES A.
3930 CHERRY STREET
TAMPA, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
FLOWERS, CYNTHIA J
2527 CHERRY ST
TAMPA, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVPT
HARMON, JOHN W., JR.
3930 CHERRY STREET
TAMPA, FL

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 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 617, 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 #

4-30-08 803-231-0608