

FILED
Feb 24, 2004 8:00 am
Secretary of State

DOCUMENT # N00000000588

The seal of the State of Florida is a circular emblem. It features a central shield with a palm tree and a sun. The words "GREAT SEAL OF THE STATE OF FLORIDA" are inscribed around the top inner edge, and "IN GOD WE TRUST" is inscribed around the bottom inner edge.

Mailing Address
HARMONY MANAGEMENT
4400 EL CONQUISTADOR PKWY
BRADENTON, FL 34210

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

02102004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3632539

Applied For
Not Applicable

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

7. Name and Address of New Registered Agent

Name _____

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

City

FL

Zip Code

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE	D7	☐ Change	☒ Addition
NAME	Phyllis Pierce		
STREET ADDRESS	5123 55th St Crr W		
CITY-ST-ZIP	Brandon FL 34610		

TITLE	DS	☐ Change	☒ Addition
NAME	12 Tricia Mastney		
STREET ADDRESS	5166 55th St NW		
CITY - ST - ZIP	Princeton FL 34213		

TITLE	☐ Change ☒ Addition
NAME	Keith Mynett
STREET ADDRESS	5505 52nd Ave W
CITY - ST - ZIP	Brooklyn FL 33013

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 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 # _____