## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N21322

FILED Apr 06, 2007 Secretary of State

Entity Name: HARRY-ANNA INVESTMENT FUND, INC.

Current Principal Place of Business: New Principal Place of Business:

24175 SE HWY 450 UMATILLA, FL 32784

Current Mailing Address: New Mailing Address:

P.O. BOX 49

UMATILLA, FL 327840049 US

FEI Number: 59-2825890 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SEIBERT, CARL T 24175 SW HWY 450 UMATILLA, FL 32784 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD
 ( ) Delete

 Name:
 DELUCCA, ANTHONY J S, R

 Address:
 10493 SW 129TH TERRACE RD

City-St-Zip: DUNNELLON, FL 34432

 Title:
 VPD ( ) Delete

 Name:
 BROWN, BEN S JR

 Address:
 PO BOX 2308

 City-St-Zip:
 UMATILLA, FL 32784

 Title:
 S
 ( ) Delete

 Name:
 SEIBERT, CARL

 Address:
 24175 SE HWY 450

 City-St-Zip:
 UMATILLA, FL 32784

Title: T ( ) Delete
Name: BRYANT, JOSEPH B.,
Address: 302 SPARROW AVENUE

Address: 302 SPARROW AVENUE
City-St-Zip: SEBRING, FL 33872

Title: PD (X) Change ( ) Addition

Name: SMITH, MICHAEL F Address: POST OFFICE DRAWER EE

Address: POST OFFICE DRAWER EE
City-St-Zip: PLANT CITY, FL 33566 US

Title: VPD (X) Change ( ) Addition

Name: ELMORE, THOMAS E
Address: 1855 N.W.FRONTIER DRIVE
City-St-Zip: LAKE CITY, FL 32055 US

Title: S (X) Change ( ) Addition

 Name:
 SEIBERT, CARL T

 Address:
 24175 SE HWY 450

 City-St-Zip:
 UMATILLA, FL 32784

Title: T (X) Change ( ) Addition

Name: BRYANT, JOSEPH B
Address: 302 SPARROW AVENUE
City-St-Zip: SEBRING, FL 33872

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARL T. SEIBERT S 04/06/2007