2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2004
Secretary of State

DOCUMENT# N48010

Entity Name: HARMONY FARMS, INCORPORATED

Current Principal Place of Business:

5300 STADIUM PARKWAY
ROCKLEDGE, FL 32955 US

New Principal Place of Business:

Current Mailing Address:

5300 STADIUM PARKWAY
ROCKLEDGE, FL 32955 US

New Mailing Address:

FEI Number: 59-3114190 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VON LAUFEN, MICAHEL J
1020 WROBEL PLACE
MELBOURNE, FL 32904 US

Name and Address of New Registered Agent:

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:

Title: T ( ) Delete
Name: LAUFEN, MIKE VON
Address: 1020 WROBEL PLACE
City-St-Zip: WEST MELBOURNE, FL

Title: P ( ) Delete
Name: PARYZEK, PEARL
Address: 405 ANCHOR WAY
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: V ( ) Delete
Name: SHAFFER, JOHN
Address: 230 LAKE SHORE DR
City-St-Zip: ROCKLEDGE, FL 32955

Title: S ( ) Delete
Name: ROGAN, ROBERT B
Address: 1024 LENNOX WAY
City-St-Zip: MELBOURNE, FL 32940

Title: D ( ) Delete
Name: MARDIAT, SUSAN
Address: 3175 GRANT RD
City-St-Zip: GRANT, FL 32949

Title: D ( ) Delete
Name: KILLIAN, MICHELLE
Address: 89 VILLAGE STREET
City-St-Zip: SATELLITE BEACH, FL 32937

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change ( ) Addition
Name: VON LAUFEN, MIKE
Address: 1020 WROBEL PLACE
City-St-Zip: WEST MELBOURNE, FL

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MICHAEL J VON LAUFEN T 02/12/2004

Electronic Signature of Signing Officer or Director — Date