

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48010

FILED  
Jan 16, 2007  
Secretary of State

Entity Name: HARMONY FARMS, INC.

**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, MICHAEL J  
1020 WROBEL PLACE  
MELBOURNE, FL 32904 US

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

ROGAN, PAMELA  
1024 LENNOX WAY  
MELBOURNE, FL 32940 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: PAMELA ROGAN      01/16/2007  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

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

Title: P ( ) Delete  
Name: ADAMS, LISA  
Address: 2220 FRONT ST. # 404  
City-St-Zip: MELBOURNE, FL 32901

Title: D ( ) Delete  
Name: GETTLEMEN, CARLA  
Address: 4050 JAMES RD  
City-St-Zip: COCOA, FL 32926

Title: S ( ) Delete  
Name: ARCHER, LINDA  
Address: 506 ROYSTON LANE  
City-St-Zip: MELBOURNE, FL 32940

Title: D ( ) Delete  
Name: MEYER, TONI  
Address: 1061 HYDE PARK LANE  
City-St-Zip: MELBOURNE, FL 32935

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: D (X) Change ( ) Addition  
Name: COX, SKIP  
Address: 4280 CAROLWOOD DR.  
City-St-Zip: MELBOURNE, FL 32934

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

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

Title: D (X) Change ( ) Addition  
Name: AYERS, MAUREEN  
Address: 4070 JAMES RD.  
City-St-Zip: COCOA, FL 32926

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: MICHAEL VON LAUFEN      T      01/16/2007  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date