

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2009
Secretary of State

DOCUMENT# N48010

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:

ROGAN, PAMELA
1024 LENNOX WAY
MELBOURNE, FL 32940 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: VON LAUFEN, MICHAEL
Address: 1020 WROBEL PLACE
City-St-Zip: WEST MELBOURNE, FL

Title: P () Delete
Name: WILLIAMS, FRED
Address: 4290 SILVER LAKE DR.
City-St-Zip: MELBOURNE, FL 32901

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

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 (X) Delete
Name: TAYLOR, NANCY
Address: 5425 SANDLAKE DR.
City-St-Zip: MELBOURNE, FL 32934

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: TERRAGLIO, MARIBETH
Address: 3863 STREAM DRIVE
City-St-Zip: MELBOURNE, FL 32940

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

Title: D (X) Change () Addition
Name: MUNZENMAYER, ROSE
Address: 1492 OLD MILL POND ROAD
City-St-Zip: MELBOURNE, FL 32940

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 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

Electronic Signature of Signing Officer or Director

T

01/19/2009

Date