

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48010

FILED  
Apr 10, 2012  
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:**

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: P  
Name: CRAIG, JOHN  
Address: 5300 STADIUM PARKWAY  
City-St-Zip: ROCKLEDGE, FL 32955 US

Title: VP  
Name: COX, SKIP  
Address: 5300 STADIUM PARKWAY  
City-St-Zip: ROCKLEDGE, FL 32955 US

Title: S  
Name: BEAN, PATTY  
Address: 5300 STADIUM PARKWAY  
City-St-Zip: ROCKLEDGE, FL 32955 US

Title: T  
Name: UNDERWOOD, KRISTEN  
Address: 5300 STADIUM PARKWAY  
City-St-Zip: ROCKLEDGE, FL 32955 US

Title: D  
Name: FOX, CHRIS  
Address: 5300 STADIUM PARKWAY  
City-St-Zip: ROCKLEDGE, FL 32955 US

Title: D  
Name: MALEK, MARK  
Address: 5300 STADIUM PARKWAY  
City-St-Zip: ROCKLEDGE, FL 32955 US

I hereby 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 all other like empowered.

SIGNATURE: ROBERT ROGAN

AT

04/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date