

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90164 043 ***150.00

0606378 AV

DOCUMENT # P01000004387

1. Entity Name
HARMON HOMES, INC.



Principal Place of Business
326 PEABODY CIR.
AVON PARK FL 33825

Mailing Address
326 PEABODY CIR.
AVON PARK FL 33825

2. Principal Place of Business
1930 TERRAPIN RD.
Suite, Apt. #, etc.

3. Mailing Address
1930 TERRAPIN RD.
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

City & State
AVON PARK FL

4. FEI Number **65-1068162**

Applied For
Not Applicable

Zip Country

Zip Country
33825 Highlands

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARMON, ALAN
326 PEABODY CIR.
AVON PARK FL 33825

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **ALAN HARMON V.P.**
Signature, typed or printed name of registered agent and title if applicable.

Alan Harmon V.P.
(NOTE: Registered Agent signature required when re-registering)

AP 28-2003
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	HARMON, RICK	
STREET ADDRESS	327 PEABODY CIRCLE	
CITY-ST-ZIP	AVON PARK FL 33825	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HARMON, ALAN	
STREET ADDRESS	326 PEABODY CIRCLE	
CITY-ST-ZIP	AVON PARK FL 33825	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALAN HARMON V.P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4-28-03** Daytime Phone # **863-453-9527**

CR2E034 (10/02)