


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 17, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000055277 1. Entity Name HARMONY RESOURCE NETWORK, INC	
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Principal Place of Business 1034 SANABEL CT. N.E. ST. PETERSBURG, FL 33702	Mailing Address 1034 SANABEL CT. N.E. ST. PETERSBURG, FL 33702
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DO NOT WRITE IN THIS SPACE



05122004 No Chg-P CR2E034 (10/03)

4. FEI Number 43-1952052	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DAVIS, LELIA 1034 SANABEL CT. N.E. ST. PETERSBURG, FL 33702	DO NOT WRITE IN THIS SPACE
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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: *Lucia Davis* 5.12.04
(Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	* In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DAVIS, LELIA 1034 SANABEL CT. N.E. ST. PETERSBURG, FL 33702
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST JANKOWSKI, MARY 11525 8TH WAY NORTH #507 ST. PETERSBURG, FL 33716
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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05/17/04-80011-002 150.00

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: *Lucia Davis* 5.12.04 727-525-4885
(Signature AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR Date Daytime Phone #)