


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000118147
 1. Entity Name
 HARMONY OF INDIAN RIVER COUNTY, INC.



Principal Place of Business _____ Mailing Address _____
 4275 MARIAH CIRCLE _____ 4275 MARIAH CIRCLE _____
 FT. PIERCE, FL 34947 _____ FT. PIERCE, FL 34947 _____

DO NOT WRITE IN THIS SPACE



02252005 No Chg-P CR2E034 (10/03)

4. FEI Number 03-0387195 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
 MOCK, GORDON C
 4275 MARIAH CIRCLE
 FT. PIERCE, FL 34947

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOCK, GORDON C 4275 MARIAH CIRCLE FT. PIERCE, FL 34947
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOCK, SUSAN I 4275 MARIAH CIRCLE FT. PIERCE, FL 34947
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 04/13/05-80022-007 150.00

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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: Susan Mock 4/9/05 772-464-6259
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #