


FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90373 017 ***150.00

**2006 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P01000118147

1. Entity Name
HARMONY OF INDIAN RIVER COUNTY, INC.




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

Mailing Address
 4275 MARIAH CIRCLE
 FT. PIERCE, FL 34947

DO NOT WRITE IN THIS SPACE

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40051010



01192006 No Chg-P CR2E034 (11/05)

4. FEI Number 03-0387195	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

MOCK, GORDON C
 4275 MARIAH CIRCLE
 FT. PIERCE, FL 34947

**DO NOT WRITE
 IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MOCK, GORDON C
STREET ADDRESS	4275 MARIAH CIRCLE
CITY-ST-ZIP	FT. PIERCE, FL 34947
TITLE	D
NAME	MOCK, SUSAN I.
STREET ADDRESS	4275 MARIAH CIRCLE
CITY-ST-ZIP	FT. PIERCE, FL 34947
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
 IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 **SUSAN MOCK** 4/13/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #