

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000064625

1. Entity Name

HARMONIE HEATING AND AIR, INC.



Principal Place of Business

2180 S.W. 66TH ST.
OCALA FL 34476
US

Mailing Address

2180 S.W. 66TH ST.
OCALA FL 34476
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 02-0622245

Applied For

Not Applicable

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

POND, HAROLD
5805 SW 109TH STREET ROAD
OCALA FL 34476

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

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
After May 1, 2007 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 PD ☐ Delete
NAME POND, HAROLD
STREET ADDRESS 2180 SW 66TH ST.
CITY-STATE-ZIP Ocala FL 34474

TITLE ☐ Change ☐ Addition
NAME 000000624721
STREET ADDRESS 02/14/07-80046-017
CITY-STATE-ZIP 150.00

TITLE V ☐ Delete
NAME CANNADY, CODY
STREET ADDRESS 2180 SW 66TH ST.
CITY-STATE-ZIP Ocala FL 34474

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-04-06 (352) 861-1897