


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P02000120381 1. Entity Name THE ALMUND CORPORATION |  |
|---|---|

| | |
|--|--|
| Principal Place of Business C/O H. F. HARRIS 28497 HIGHGATE DRIVE BONITA SPRINGS, FL 34135 | Mailing Address C/O H. F. HARRIS 28497 HIGHGATE DRIVE BONITA SPRINGS, FL 34135 |
|--|--|



01062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|---|---------------------------------------|
| 4. FEI Number 38-3665042 | 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 HARRIS, MARSHA J 28497 HIGHGATE DRIVE BONITA SPRINGS, FL 34135 |
|--|

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

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

| | |
|--|------------------------------------|
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|--|------------------------------------|

| 10. OFFICERS AND DIRECTORS | |
|----------------------------|--------------------------|
| TITLE | PD |
| NAME | HARRIS, HF |
| STREET ADDRESS | 28497 HIGHGATE DR |
| CITY-ST-ZIP | BONITA SPRINGS, FL 34135 |
| TITLE | VD |
| NAME | HARRIS, JOHN A |
| STREET ADDRESS | 13989 NOTTINGHAM RD |
| CITY-ST-ZIP | LEAVENWORTH, KS 66048 |
| TITLE | STD |
| NAME | HARRIS, MARSHA J |
| STREET ADDRESS | 28497 HIGHGATE DR |
| CITY-ST-ZIP | BONITA SPRINGS, FL 34135 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

DO NOT WRITE IN THIS SPACE

(000000) 25545
01/25/05-80024-004 150.00

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: <u>H. F. HARRIS</u> | Date: <u>01/26/05</u> | Daytime Phone #: <u>2399479641</u> |
|--------------------------------|-----------------------|------------------------------------|