

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000028386

Entity Name: HARMONY OF CITRUS COUNTY, INC

FILED
Dec 14, 2005
Secretary of State

Current Principal Place of Business:

5367 W. STATE ST.
HOMOSASSA, FL 34446

New Principal Place of Business:

Current Mailing Address:

5367 W. STATE ST.
HOMOSASSA, FL 34446

New Mailing Address:

FEI Number: 27-0051398

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, BELINDA J
4 NE THIRD ST.
CRYSTAL RIVER, FL 34429 US

Name and Address of New Registered Agent:

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.

SIGNATURE: BELINDA BROWN

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LAM, YING K
Address: 5367 W. STATE ST.
City-St-Zip: HOMOSASSA, FL 34446

Title: STD () Delete
Name: LAM, PUI K
Address: 5367 W. STATE ST.
City-St-Zip: HOMOSASSA, FL 34446

Title: VD () Delete
Name: ENG, EDWARD
Address: 550 TRAVIS AVE.
City-St-Zip: STATEN ISLAND, NY 10314

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: YING K LAM

Electronic Signature of Signing Officer or Director

PRES

12/14/2005

Date