

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000046773

1. Entity Name
HARMONY HEALTH & WELLNESS CENTER, INC.



5/2/2005-90972-038-\$150.00-\$150.00

APPROVAL
AND
FILED

05 JUN -9 PM 4:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2149 BONNIE DR
W PALM BEACH, FL 33415

Mailing Address
2149 BONNIE DR
W PALM BEACH, FL 33415

2. Principal Place of Business
10250 N.E. 110th Street
Suite, Apt. #, etc.

3. Mailing Address
10250 N.E. 110th Street
Suite, Apt. #, etc.



04222005

Chg-P

CR2E034 (10/03)

W

City & State
Archer, Florida
Zip
32618
Country
Levy

City & State
Archer, Florida
Zip
32618
Country
Levy

4. FEI Number
30 0261024

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

CAMP, FRANCINE
2149 BONNIE DR
W PALM BEACH, FL 33415

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, 2005 Fee will be \$550.00

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CAMP, FRANCINE
2149 BONNIE DR
W PALM BEACH, FL 33415 ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: Francine Camp

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/05 (561) 254-4798

executive director

Daytime Phone #