## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000015346

Entity Name: HOME MANAGEMENT @ HARMONY CORP.

FILED Feb 20, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 3330 BRACKEN FERN HARMONY, FL 34773 **Current Mailing Address: New Mailing Address:** 3330 BRACKEN FERN HARMONY, FL 34773 FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: OCALA COMMUNICATIONS CORP 7380 SAND LAKE ROAD SUITE 500 ORLANDO, FL FL US 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition WARREN, JANE Name: Name: 3358 CAT BRIER TRAIL Address: Address: City-St-Zip: HARMONY, FL 34773 City-St-Zip: Title: VΡ Title: () Delete () Change () Addition Name: LEWIS LISA Name: 3330 BRACKEN FERN Address: Address: HARMONY, FL 34773 City-St-Zip: City-St-Zip: Title: Title: EXEC ( ) Delete () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Name:

Address:

City-St-Zip:

SIGNATURE: JANE WARREN OFF 02/20/2008

OCALA COMMUNICATIONS, CORP

ORLANDO, FL 32819

7380 SAND LAKE ROAD, SUITE 500

Name:

Address: City-St-Zip: