

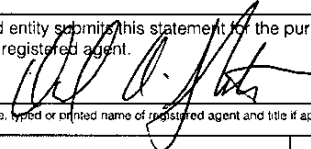
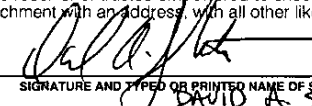


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90175 028 \*\*\*150.00

<b>DOCUMENT # P94000005793</b> 1. Entity Name <b>HARMONY HOMES OF NORTH FLORIDA, INC.</b>					
Principal Place of Business <b>1031 LA SALLE ST JACKSONVILLE, FL 32207 US</b>			Mailing Address <b>1031 LA SALLE ST JACKSONVILLE, FL 32207 US</b>		
2. Principal Place of Business <b>6101 Gazebo Park Place N</b>		3. Mailing Address <b>6101 Gazebo Park Place N</b>		  02232005    Chg-P    CR2E034 (10/03)	
Suite, Apt. #, etc. <b>Suite 107</b>		Suite, Apt. #, etc. <b>Suite 107</b>			
City & State <b>Jacksonville, FL</b>		City & State <b>Jacksonville, FL</b>			
Zip                      Country <b>32257                      USA</b>		Zip                      Country <b>32257                      USA</b>			
4. FEI Number <b>59-3220902</b>				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SHACTER, DAVID A 1031 LASALLE STREET JACKSONVILLE, FL 32225</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>6101 GAZEBO PARK PLACE NORTH STE 107</b> City <b>FL</b> Zip Code <b>32257</b>		
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:  <b>DAVID A. SHACTER PRESIDENT</b> 04-28-2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST SHACTER, DAVID A 1031 LASALLE STREET JACKSONVILLE, FL 32207	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>6101 GAZEBO PARK PLACE NORTH STE 107 JACKSONVILLE, FL 32257</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SHACTER, MELODY 426 ORANGE BLUFF AVE JACKSONVILLE, FL 32211	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SHACTER, RONALD B 426 ORANGE BLUFF AVENUE JACKSONVILLE, FL 32211	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP PURGASON, PATRICK 1031 LA SALLE ST JACKSONVILLE, FL 32207	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>6101 GAZEBO PARK PLACE NORTH, STE 107 JACKSONVILLE, FL 32257</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	\	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>VP LINDA J. MOORE 6101 GAZEBO PARK PLACE NORTH, STE 107 JACKSONVILLE, FL 32257</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	\	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  <b>PRESIDENT</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			04-28-2005    904-394-2501 <small>Date    Daytime Phone #</small>		