

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000005793

FILED
Apr 27, 2006
Secretary of State

Entity Name: HARMONY HOMES OF NORTH FLORIDA, INC.

Current Principal Place of Business:

8101 GAZEBO PARK PLACE N
STE 107
JACKSONVILLE, FL 32257 US

New Principal Place of Business:

6101 GAZEBO PARK PLACE N
STE 107
JACKSONVILLE, FL 32257 US

Current Mailing Address:

8101 GAZEBO PARK PLACE N
STE 107
JACKSONVILLE, FL 32257 US

New Mailing Address:

6101 GAZEBO PARK PLACE N
STE 107
JACKSONVILLE, FL 32257 US

FEI Number: 59-3220902

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHACTER, DAVID A
6101 GAZEBO PARK PLACE
STE 107
JACKSONVILLE, FL 32257 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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: SHACTER, DAVID A
Address: 6101 GAZEBO PARK PLACE N STE 107
City-St-Zip: JACKSONVILLE, FL 32207

Title: V () Delete
Name: SHACTER, MELODY
Address: 426 ORANGE BLUFF AVE
City-St-Zip: JACKSONVILLE, FL 32211

Title: VP (X) Delete
Name: PURGASON, PATRICK
Address: 6101 GAZEBO PARK PLACE N STE 107
City-St-Zip: JACKSONVILLE, FL 32257

Title: VP (X) Delete
Name: MOORE, LINDA J
Address: 6101 GAZEBO PARK PLACE N STE 107
City-St-Zip: JACKSONVILLE, FL 32257

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:

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 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.

SIGNATURE: DAVID A SHACTER

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04/27/2006

Electronic Signature of Signing Officer or Director

Date