

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 15, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # V54036**

1. Entity Name  
**HARMONY MANAGEMENT, INC.**



Principal Place of Business  
**4400 EL CONQUISTADOR PARKWAY  
BRADENTON, FL 34210**

Mailing Address  
**4400 EL CONQUISTADOR PARKWAY  
BRADENTON, FL 34210**



08132005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0350297**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**HAGERTY, JOHN  
4400 EL CONQUISTADOR PARKWAY  
BRADENTON, FL 34282**

**DO NOT WRITE  
IN THIS SPACE**

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 reinstalling)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

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

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	HAGERTY, JOHN
STREET ADDRESS	6727 TUMBLEWEED TRAIL
CITY-ST-ZIP	BRADENTON, FL
TITLE	D
NAME	HAGERTY, HELEN B.
STREET ADDRESS	6727 TUMBLEWEED TRAIL
CITY-ST-ZIP	BRADENTON, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1000000375348  
08/15/05-RH101-023 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**John A. HAGERTY 8/12/05 941-758-9624**