
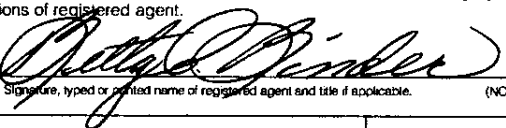
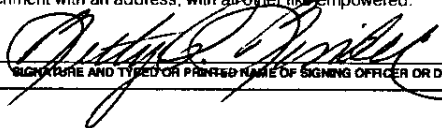


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90028 020 ****61.25

DOCUMENT # N98000007389 1. Entity Name HARRIS CHAIN POWER SQUADRON, INC.					
Principal Place of Business 1103 SALDIVAR ROAD THE VILLAGES, FL 32159			Mailing Address 1097 PALM HARBOR DR LEESBURG, FL 34748		
2. Principal Place of Business 28229 S. County Rd 33		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Leesburg, FL		City & State			
Zip 34748		Country		Zip Country	
6. Name and Address of Current Registered Agent MURRAY, JOSEPH 1103 SALDIVAR ROAD THE VILLAGES, FL 32159				7. Name and Address of New Registered Agent Name BINDER, BETTY Street Address (P.O. Box Number is Not Acceptable) 28229 S. County Rd 33 City LEESBURG, FL Zip Code 34748	
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  DATE FEB. 4, 2004 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURRAY, JOSEPH H 1103 SALDIVAR RD LADY LAKE, FL 32159 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BINDER, BETTY 28229 S. County Rd 33 LEESBURG, FL 34748 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEAM, R. JAMES 418-1 E. TENTH AVE MOUNT DORA, FL 32757 <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	D RZEWSKI, JOSEPH T 407 DLEMAR DRIVE THE VILLAGES, FL 32159 <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	D BINDER, BETTY 28229 S COUNTRY RD 33 LEESBURG, FL 34748 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MYERS, LEROY W 1241 OAK FOREST LEESBURG, FL 32162 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BODEN, WALTRAUD 1097 PALM HARBOR DR LEESBURG, FL 34748 <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	SD MURRAY, SHARON 1103 SALDIVAR RD LADY LAKE, FL 32159 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HEPTING, DAVID 929 ROYAL OAK BLVD LEESBURG, FL 34748 <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 617, 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: 			Date February 4, 2004 Daytime Phone #		