2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 338499 1. Entity Name			/		=11		
HARRIS MANUFACTURING, INC.			(XXXX)		ŧ	0,711.)5 15
Principal Place of Business Mailing Address					04	1000	RIDA
975 MARTIN AVENUE GREEN COVE SPRINGS, FL 32043		P. O. BOX 2429 ORANGE PARK, FL 32067 US		SECRETALLAN	SEEE FLO		
Principal Place of Business 3. Mailing Address				4111-1-1-1			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			03042004 Ch	g-P CR	2E034 (10/03)
City & Stat	e	City & State		4. FEI Number 59-1230577		Applied For Not Applicable	
Zip	Country	Zip Coun		<u> </u>	5 Certificate of Status Desired \$8		\$8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent			7. Name and Address	of New Registe	**************************************
ODEEN O	0077.4	- Lawrence Control	1	Name Sco	H A. G	reen	
GREEN, SCOTT A. 975 MARTIN AVENUE				Street Address (P.O. Box Number is Not Acceptable)			
GREEN COVE SPRINGS, FL 32043			\vdash	112 6	ayeen wo	щ	
				Ciby		_	Zin Code
				CITY COLOR	Ponteredra	Beach	FL Zip Code 32082
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, typeo or printed hame of registered agent and title if applicable (NOTE, Registered Agent signature required when remistating) DATE							
FILE NOW!!! FEE 1S \$150:00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees							
10.	OFFICERS AND		11.			ES TO OFFICERS	AND DIRECTORS IN 11
TITLE NAME	PTSD GREEN, SCOTT A.	Delete TIT		CE	ot A. Gr	-60	Change
STREET ADDRESS				ADDRESS 112 QUEENS Way			
CITY - ST - ZIP	GREEN COVE SPRINGS, FL 32		CITY-ST-	·ZIP PO	nte Vedra	<u>- Beac</u>	h. FL 32082
TITLE NAME	CFO PAUL, KENNETH W	Delete	. TITLE NAME				☐ Change ☐ Addition
STREET ADDRESS	975 ,ARTIN AVENUE		STREET A	ADDRESS			
CITY - ST - ZIP	GREEN COVE SPRINGS, FL 32	043	CITY-ST-	I .			
TITLE NAME		☐ Delete	TITLE NAME	٥.٥		~ S + 1	☐ Change Addition
STREET ADDRESS			STREET A	ADDRESS 37	rry Hentk 5 Martin	Avenue	·
CITY - ST - ZIP			CITY-ST-	-ZIP Care	een Core	Spring	15 FL 32043
TITLE		☐ Delete	TITLE NAME				Change Addition
NAME STREET ADDRESS			STREET A	ADDRESS			
CITY-ST-ZIP			CITY+ST	- ZIP			
TITLE		☐ Delete	TITLE NaME		390	10335	3
NAME STREET ADDRESS			STREET A	ADDRESS	04/22/0	401005-	-012 **430*00
CITY - ST - ZIP			CITY-ST-	- ZIP			
TITLE		☐ Delete	TITLE				Change Addition
NAME STREET ADDRESS			NAME Street A	ADDRESS			
CITY-ST-ZIP			CITY-ST-	-ZIP			
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 suppliemental 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 pure like empowered.							
SIGNATURE: Mun sr p 3/3/04 904-284-1220							
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date							