

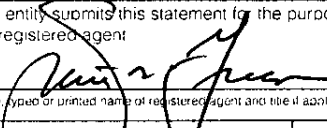
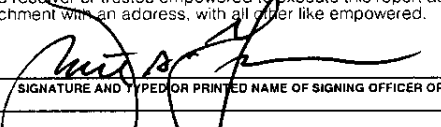


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # 338499</b> 1. Entity Name <b>HARRIS MANUFACTURING, INC.</b>						<div style="transform: rotate(-15deg);"> <b>FILED</b>  <b>04 MAR 31 PM 12:05</b>  <b>SECRETARY OF STATE</b>  <b>TALLAHASSEE, FLORIDA</b> </div>	
Principal Place of Business <b>975 MARTIN AVENUE</b> <b>GREEN COVE SPRINGS, FL 32043</b>				Mailing Address <b>P. O. BOX 2429</b> <b>ORANGE PARK, FL 32067 US</b>			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country		Zip			
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent	
<b>GREEN, SCOTT A.</b> <b>975 MARTIN AVENUE</b> <b>GREEN COVE SPRINGS, FL 32043</b>						Name <b>Scott A. Green</b> Street Address (P.O. Box Number is Not Acceptable) <b>112 Queen Way</b> City <b>Ponte Vedra Beach FL</b> Zip Code <b>32082</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 						DATE <b>3/3/04</b>	
- FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00						9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTSD GREEN, SCOTT A. 975 MARTIN AVENUE GREEN COVE SPRINGS, FL 32043	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>CEO</b> <b>Scott A. Green</b> <b>112 Queens Way</b> <b>Ponte Vedra Beach, FL 32082</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFO PAUL, KENNETH W 975 MARTIN AVENUE GREEN COVE SPRINGS, FL 32043	<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		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>C.O.O</b> <b>Larry Hentkowski</b> <b>975 Martin Avenue</b> <b>Green Cove Springs FL 32043</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		
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		
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.				3000335860030 04/22/04--01005--019 ***450.00			
SIGNATURE: 				3/3/04 904-284-1220			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			