

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # F01000003600 1. Entity Name HARBOR FREIGHT TOOLS USA, INC.	
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Principal Place of Business 9861 BEACH BL JACKSONVILLE, FL 32246-4703	Mailing Address PO BOX 6010 CAMARILLO, CA 93011
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DO NOT WRITE IN THIS SPACE



01292004 No Chg-P CR2E034 (10/03)

4. FEI Number 77-0465196	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SMIDT, ERIC L 3491 MISSION OAKS BLVD CAMARILLO, CA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V DAMMIER, JERRY L 3491 MISSION OAKS BLVD CAMARILLO, CA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST GLICKMAN, ROBERT M 3491 MISSION OAKS BLVD CAMARILLO, CA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SMIDT, ALLEN E 3491 MISSION OAKS BLVD CAMARILLO, CA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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**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:  **ROBERT M. GLICKMAN** 2/10/04 805/388-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #