

FILED
Feb 19, 2004 8:00 am
Secretary of State



02-19-2004 90018 042 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

54008609



01272004 Chg-P CR2E034 (10/03)

DOCUMENT # F97000003586					
1. Entity Name ARMOR HOLDINGS PRODUCTS, INC.					
Principal Place of Business 13386 INTERNATIONAL PARKWAY JACKSONVILLE, FL 32218			Mailing Address 1400 MARSH LANDING PKWY SUITE 112 JACKSONVILLE, FL 32250		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-2044869	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____					
Signature, typed or printed name of registered agent and title if applicable.					
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	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPILLER, JONATHAN M		NAME		
STREET ADDRESS	1400 MARSH LANDING PKWY #112		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32250		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D/V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHILLER, ROBERT R		NAME	Schiller, Robert R.	
STREET ADDRESS	1400 MARSH LANDING PKWY #112		STREET ADDRESS	1400 Marsh Landing Parkway, Suite 112	
CITY-ST-ZIP	JACKSONVILLE, FL 32250		CITY-ST-ZIP	Jacksonville, FL 32250	
TITLE	DP	<input type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CROSKEY, STEPHEN E		NAME	Bistrong, Richard	
STREET ADDRESS	13386 INTERNATIONAL PKWY		STREET ADDRESS	13386 International Parkway	
CITY-ST-ZIP	JACKSONVILLE, FL 32218		CITY-ST-ZIP	Jacksonville, FL 32218	
TITLE	VPT	<input type="checkbox"/> Delete	TITLE	V/AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMS, MARK		NAME	Baratelli, Phil	
STREET ADDRESS	13386 INTERNATIONAL PKWY		STREET ADDRESS	1400 Marsh Landing Parkway, Suite 112	
CITY-ST-ZIP	JACKSONVILLE, FL 32218		CITY-ST-ZIP	Jacksonville, FL 32250	
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, TODD		NAME		
STREET ADDRESS	1400 MARSH LANDING PKWY #112		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32250		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OBRIEN, SCOTT		NAME		
STREET ADDRESS	3120 MISSION BLVD		STREET ADDRESS		
CITY-ST-ZIP	ONTARIO, CA 91761		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 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: 			Todd S. Smith, Secretary		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 1/27/04 Daytime Phone #		