
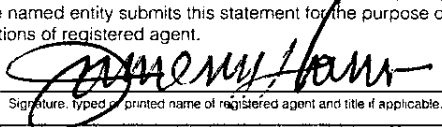
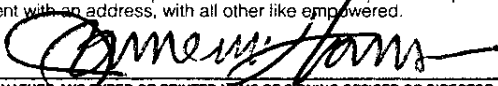


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 02, 2004 8:00 am**  
**Secretary of State**

03-02-2004 90019 035 \*\*\*150.00

<b>DOCUMENT # F97000004916</b>					
1. Entity Name <b>J. HARRIS &amp; ASSOCIATES LTD., INC.</b>					
Principal Place of Business <b>520 N SWINTON AVE DELRAY BEACH FL 33487</b>			Mailing Address <b>PO BOX 1880 DELRAY BEACH FL 33447</b>		
2. Principal Place of Business <b>270 Sand Run Road</b>			3. Mailing Address <b>270 Sand Run Road</b>		
Suite, Apt. #, etc. <b>W. Palm Beach</b>			Suite, Apt. #, etc. <b>W. Palm Beach, FL.</b>		
City & State <b>FL.</b>			City & State <b>W. Palm Beach, FL.</b>		
Zip <b>33413</b>		Country <b>USA</b>		Zip <b>33413</b>	
		Country <b>USA.</b>			
6. Name and Address of Current Registered Agent <b>HARRIS, JAMES 520 N SWINTON AVENUE DELRAY BEACH FL 33444</b>			7. Name and Address of New Registered Agent Name <b>JAMES HARRIS</b> Street Address (P.O. Box Number is Not Acceptable) <b>270 SAND RUN RD.</b> <b>W. PALM BEACH</b> City <b>FL</b> Zip Code <b>33413</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  <b>JAMES W. HARRIS Pres.</b> DATE <b>2.24.04</b> (NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD HARRIS, JAMES 520 N SWINTON AVENUE DELRAY BEACH FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	270 SAND RUN RD. W. PALM BEACH, FL. 33413 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HARRIS, NANCY 520 N SWINTON AVENUE DELRAY BEACH FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	270 SAND RUN RD W. PALM BEACH FL. 33413 <input checked="" 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	
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.					
SIGNATURE: 			President <b>JAMES W. HARRIS</b> 561-242-4833		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		



MOORE CR2E034 (11/03)