

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F99000006548

**FILED**  
**Mar 31, 2004**  
**Secretary of State**

**Entity Name:** HARVEST TECHNOLOGIES CORPORATION

**Current Principal Place of Business:**

40 GRISSOM ROAD  
#100  
PLYMOUTH, MA 02360 US

**New Principal Place of Business:**

**Current Mailing Address:**

40 GRISSOM ROAD  
#100  
PLYMOUTH, MA 02360 US

**New Mailing Address:**

**FEI Number:** 04-3433159      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: TURESKI, GARY D  
Address: 236 POWDER POINT AVENUE  
City-St-Zip: DUXBURY, MA 02332

Title: DT ( ) Delete  
Name: VERKAART, WESLEY H  
Address: 15 HOUNDS DITCH LANE  
City-St-Zip: DUXBURY, MA 02332

Title: D ( ) Delete  
Name: HERSEY, PETER W  
Address: 17 ACCORD PARK DRIVE  
City-St-Zip: NORWELL, MA 02061

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY D. TURESKI

DP

03/31/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date