


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-19-2004 90415 008 ***150.00

DOCUMENT # P02000109942					
1. Entity Name HARRIS TECHNOLOGIES, INC.					
Principal Place of Business 6623 STONINGTON DR. NORTH TAMPA, FL 33647			Mailing Address 6623 STONINGTON DR. NORTH TAMPA, FL 33647		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent					
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145					
7. Name and Address of New Registered Agent					
Name					
Street Address (P.O. Box Number is Not Acceptable)					
City					
State 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
DATE _____					
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 PD	NAME HARRIS, HOWARD A		<input type="checkbox"/> Delete		
STREET ADDRESS 6623 STONINGTON DR. NORTH	TAMPA, FL 33647		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP	TAMPA, FL 33647		CITY-ST-ZIP		
TITLE VSTD	NAME HARRIS, CAROL		<input type="checkbox"/> Delete		
STREET ADDRESS 6623 STONINGTON DR. NORTH	TAMPA, FL 33647		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP	TAMPA, FL 33647		CITY-ST-ZIP		
TITLE D	NAME HARRIS, ETHEL		<input type="checkbox"/> Delete		
STREET ADDRESS 6623 STONINGTON DR. NORTH	TAMPA, FL 33647		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP	TAMPA, FL 33647		CITY-ST-ZIP		
TITLE 747 StarPointe Dr.	NAME Seffner, FL		<input type="checkbox"/> Delete		
STREET ADDRESS 747 StarPointe Dr.	Seffner, FL		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP	Seffner, FL		CITY-ST-ZIP		
TITLE 33584	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	33584		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP	33584		<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: <i>Howard A. Harris</i> HOWARD A. HARRIS					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date 4-16-04 Daytime Phone # 813-404-3039					