



FILED
Feb 10, 2004 08:00 AM
Secretary of State

DOCUMENT # P03000036126						Secretary of State							
1. Entity Name HARVEY PRECISION INSTRUMENTS, INC.													
Principal Place of Business 217 FAIRWAY RD ROTONDA WEST, FL 33947				Mailing Address 217 FAIRWAY RD ROTONDA WEST, FL 33947									
2. Principal Place of Business				3. Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.				01312004		Chg-P		CR2E034 (10/03)	
City & State				City & State				4. FEI Number		<input type="checkbox"/> Applied For		<input type="checkbox"/> Not Applicable	
Zip		Country		Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent							
HARVEY, JOHN 217 FAIRWAY RD ROTONDA WEST, FL 33947						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 <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		D		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME		HARVEY, JOHN				NAME		000000044787					
STREET ADDRESS		217 FAIRWAY RD				STREET ADDRESS		02/11/04-80034-025 150.00					
CITY-ST-ZIP		ROTONDA WEST, FL 33947				CITY-ST-ZIP							
TITLE		D		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME		HARVEY, CHRISTINE L				NAME							
STREET ADDRESS		217 FAIRWAY RD				STREET ADDRESS							
CITY-ST-ZIP		ROTONDA WEST, FL 33947				CITY-ST-ZIP							
TITLE				<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME						NAME							
STREET ADDRESS						STREET ADDRESS							
CITY-ST-ZIP						CITY-ST-ZIP							
TITLE				<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME						NAME							
STREET ADDRESS						STREET ADDRESS							
CITY-ST-ZIP						CITY-ST-ZIP							
TITLE				<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME						NAME							
STREET ADDRESS						STREET ADDRESS							
CITY-ST-ZIP						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)(c), 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>Christine L Harvey</i> Christine L Harvey						2/5/04		441 602-0190					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>						<small>Date</small>		<small>Daytime Phone #</small>					