


**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 09, 2005 8:00 am**  
**Secretary of State**

02-09-2005 90050 015 \*\*\*150.00

**DOCUMENT # P97000023179**

1. Entity Name  
**BATTERY NATION CORPORATION**



Principal Place of Business      Mailing Address  
 13830 NORTHWEST 27TH AVENUE      13830 NORTHWEST 27TH AVENUE  
 OPALOCKA FL 33054      OPALOCKA FL 33054

00014086



1st MOORE      CR2E034 (10/04)

2. Principal Place of Business      3. Mailing Address  
**BATTERY NATION**      **BATTERY NATION**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**13840 N.W. 27TH AVE.**      **13840 N.W. 27TH AVE.**  
**OPA-LOCKA, FL 33054**      **OPA-LOCKA, FL 33054**  
 City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For  
**65-0734504**      Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**MARCHETTI, RAYMOND**  
**13830 NW 27TH AVE**  
**OPA LOCKA FL 33054**

7. Name and Address of New Registered Agent  
 Name **Spiegel & Utrera**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1840 SW 22 Street**  
 City **Miami, FL.**      **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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.      \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MARCHETTI, RAYMOND A 13830 NORTHWEST 27TH AVENUE OPALOCKA FL 33054	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHAVEZ, LUIS 13830 NORTHWEST 27TH AVENUE OPALOCKA FL 33054	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: **Raymond Marchetti**      **President**      **2/4/05**      **(305)681-5235**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #