


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2004 08:00 AM
Secretary of State

DOCUMENT # 410952 1. Entity Name BATTERY USA, INC.	
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Principal Place of Business 1840 SOUTH COMBEE ROAD LAKELAND, FL 33801	Mailing Address 1840 SOUTH COMBEE ROAD LAKELAND, FL 33801
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01162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1425260	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STANDIFER II, R. THOMAS
1840 SOUTH COMBEE ROAD
LAKELAND, FL 33801

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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	PD STANDIFER II, R. THOMAS 5333 GLENMORE DRIVE LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STANDIFER, TAMMY 5333 GLENMORE DRIVE LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SENKARIK, DANIEL G 5512 OLD SCOTT LAKE RD LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LAWLESS, JAMES R. 6315 TIERRA VISTA CIRCLE LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GABEL, JOHN R 3909 BENT TREE LOOP E LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/11/04-80086-003 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

John R. Gabel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TREASURER
JOHN R. GABEL 2-2-04

Date

Daytime Phone #

863-665-6317
x827