

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2005 08:00 AM
Secretary of State

DOCUMENT # 515012

1. Entity Name
BATTERIES BY FISHER, INC.



Principal Place of Business
**1124 OMOHUNDRO AVE.
P.O. BOX 3758
LAKELAND, FL 33802**

Mailing Address
**1124 OMOHUNDRO AVE.
P.O. BOX 3758
LAKELAND, FL 33802**



01252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1692472

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FISHER, LINDA B
2706 EWEL RD
LAKELAND, FL 33811**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	CEO
NAME	FISHER, JEROME N.
STREET ADDRESS	2706 EWELL RD.
CITY - ST - ZIP	LAKELAND, FL 33811
TITLE	P
NAME	SANTA, SCOTT S
STREET ADDRESS	1552 BLOCKFORD CT. E.
CITY - ST - ZIP	TALLAHASSEE, FL 32317
TITLE	VP
NAME	KING, STEVEN W
STREET ADDRESS	5904 DEER FLAG DR
CITY - ST - ZIP	LAKELAND, FL 33811
TITLE	VP
NAME	JONES, MARK C
STREET ADDRESS	6575 FORESTWOOD DRIVE W
CITY - ST - ZIP	LAKELAND, FL 33811
TITLE	S
NAME	SANTA, CHERYL A
STREET ADDRESS	1552 BLOCKFORD CT. E.
CITY - ST - ZIP	TALLAHASSEE, FL 32317
TITLE	T
NAME	FISHER, LINDA B
STREET ADDRESS	2706 EWELL RD.
CITY - ST - ZIP	LAKELAND, FL 33811

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03/26/05-80028-008 150.00

**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: *Linda Fisher* **LINDA FISHER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/05
Date

863-686-2496
Daytime Phone #