


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90035 040 ***150.00

DOCUMENT # 650924		
1. Entity Name INTERSTATE BATTERY, INC.		

Principal Place of Business 407 N. JOHN YOUNG PKWY ORLANDO, FL 32805	Mailing Address 407 N. JOHN YOUNG PKWY ORLANDO, FL 32805
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2. Principal Place of Business <i>5336 Old Winter</i>		3. Mailing Address <i>Same</i>	
Suite, Apt. #, etc. <i>Suite 4</i>		Suite, Apt. #, etc.	
City & State <i>Orlando FL</i>		City & State	
Zip <i>32811</i>	Country <i>Orange</i>	Zip	Country

44003860



01162004 Chg-P CR2E034 (10/03)

4. FEI Number 59-1965642		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent DAVIS, ANDREW J. 407 MAGRUDER ORLANDO, FL 32805		
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>5336 Old Winter</i> City <i>Orlando</i> FL Zip Code <i>32811</i>		

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: *Andrew J. Davis*
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DAVIS, ANDREW J 9102 GALLEON DRIVE ORLANDO, FL 00000, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DAVIS, BETTY J. 9102 GALLEON DR ORLANDO, FL <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Andrew J. Davis* ANDREW J. DAVIS 1-19-04 407-293-3334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #