


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2005 8:00 am**  
**Secretary of State**

02-14-2005 90048 014 \*\*\*150.00

<b>DOCUMENT # 650924</b> 1. Entity Name <b>INTERSTATE BATTERY, INC.</b>					
Principal Place of Business <b>5336 OLD WINTER GORDON RD STE 4 ORLANDO, FL 32811</b>			Mailing Address <b>5336 OLD WINTER GORDON RD STE 4 ORLANDO, FL 32811</b>		
2. Principal Place of Business <b>5336 OLD WINTER GARDEN RD</b>		3. Mailing Address <b>5336 OLD WINTER GARDEN RD</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-1965642</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DAVIS, ANDREW J. 5336 OLD WINTER GORDON RD ORLANDO, FL 32811</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>5336 OLD WINTER GARDEN ROAD</b> City <b>FL</b> 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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS.</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE	<b>DP</b> <input type="checkbox"/> Delete <b>DAVIS, ANDREW J</b> <b>9102 GALLEON DRIVE</b> <b>ORLANDO, FL 00000</b>		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>32819</b>	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<b>ST</b> <input type="checkbox"/> Delete <b>DAVIS, BETTY J.</b> <b>9102 GALLEON DR</b> <b>ORLANDO, FL</b>		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>32819</b>	
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		
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)(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.					
<b>SIGNATURE: Betty Davis BETTY DAVIS</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>2-11-05</b> <small>Date</small>		<b>407-293-3334</b> <small>Daytime Phone #</small>