


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90076 011 ***150.00

DOCUMENT # 668820 1. Entity Name FLORIDA INDUSTRIAL BATTERY, INC.	
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Principal Place of Business 2725 W BEAVER ST JACKSONVILLE, FL 32254 US	Mailing Address 2725 W. BEAVER ST. P. O. BOX 37137 JACKSONVILLE, FL 32236
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01282008 No Chg-P CR2E034 (11/05)

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4. FEI Number 59-1984199	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 WESTLING, DALE G. 331 E UNION ST JACKSONVILLE, FL 32202
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P TOMPKINS, BRENDA Y 10620 SCOTTSDALE COURT JACKSONVILLE, FL 32222
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V TOMPKINS, ROBERT C 10620 SCOTTSDALE CT JACKSONVILLE, FL 32222
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST TOMPKINS, GILES F JR 10620 SCOTTSDALE COURT JACKSONVILLE, FL 32222
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Brenda Y Tompkins</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>3/2/08</u> Daytime Phone # <u>(904) 384-2338</u>