

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 27, 2008 08:00 AM
Secretary of State

DOCUMENT # 688576		
1. Entity Name INTERSTATE BATTERY SYSTEMS OF ORLANDO, INC.		

Principal Place of Business 366 LOYD LANE OVIEDO FL 32765 US	Mailing Address 366 LOYD LANE OVIEDO FL 32765 US
---	---



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE	CR2E034 (10/07)
4. FEI Number 59-2031410	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LOYD, DAN 366 LOYD LANE OVIEDO FL 32765	
--	--

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	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 <u>Dan Loyd</u>	DATE <u>2-22-08</u>

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	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	P LOYD, DAN 366 LOYD LANE OVIEDO FL 32765 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 0000000841840 03/11/08-80004-018 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LOYD, LISA 927 N LAKE JESSUP AVE OVIEDO FL 32765 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LOYD, TRAVIS 140 EAST MAGNOLIA ST. OVIEDO FL 32765 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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>Dan Loyd</u>	DATE: <u>2.22.08</u>
----------------------------	----------------------