

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 01, 2005 08:00 AM
Secretary of State

DOCUMENT # 759871

1. Entity Name
BATTERY DISTRIBUTORS OF AMERICA, INC.



Principal Place of Business

**4319 40TH ST.
TAMPA, FL 33610**

Mailing Address

**1506 E. JACKSON ST.
THOMASVILLE, GA 31792 US**

DO NOT WRITE IN THIS SPACE



03282005 No Chg-NP

CR2E037 (10/03)

4. FEI Number
59-2139011

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HAYES, BRIAN T
245 E WASHINGTON ST
MONTICELLO, FL 32344**

**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

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

| | |
|----------------|-------------------------|
| TITLE | S |
| NAME | BROOKS, ED |
| STREET ADDRESS | 1506 E JACKSON ST |
| CITY-ST-ZIP | THOMASVILLE, GA 31792 |
| TITLE | P |
| NAME | GLASS, KEVIN |
| STREET ADDRESS | 1506 E. JACKSON ST. |
| CITY-ST-ZIP | THOMASVILLE, GA 31792 |
| TITLE | D |
| NAME | GOOD, DAVID |
| STREET ADDRESS | 12275 NE 13TH AVE |
| CITY-ST-ZIP | MIAMI, FL 33161 |
| TITLE | V |
| NAME | HEAD, DAVID |
| STREET ADDRESS | 4319 40TH ST |
| CITY-ST-ZIP | TAMPA, FL 33610 |
| TITLE | D |
| NAME | JOWERS, GERALD |
| STREET ADDRESS | 13178 W COLONIAL DR |
| CITY-ST-ZIP | WINTER GARDEN, FL 34787 |
| TITLE | D |
| NAME | CLARK, MIKE |
| STREET ADDRESS | 5500 ORANGE AVE |
| CITY-ST-ZIP | FORT PIERCE, FL 34947 |

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04/01/05-80064-005 70.00

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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 617, 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

ED BROOKS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/05
Date

222-225-1825
Daytime Phone #