


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.	
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Principal Place of Business 4319 40TH ST. TAMPA, FL 33610	Mailing Address 1506 E. JACKSON ST. THOMASVILLE, GA 31792 US
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03282005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2139011	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

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 04/01/05-80064-005 70.00

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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 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** Date: **3/28/05** Daytime Phone #: **772-225-1825**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR