

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2004 08:00 AM
Secretary of State

DOCUMENT # F03000001964	
1. Entity Name ALPINE BATTERY CO. INC.	

Principal Place of Business 1 SOUTH "A" STREET SUITE #103 PENSACOLA, FL 32501	Mailing Address 24355 CAPITOL AVE. REDFORD, MI 48239
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DO NOT WRITE IN THIS SPACE



08252004 No Chg-P CR2E034 (10/03)

4. FEI Number 38-1909799	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HIRSCHBERG, EDWARD 1463 GLENMORE CT. APOPKA, FL 32718	
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**DO NOT WRITE
IN THIS SPACE**

B. 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.

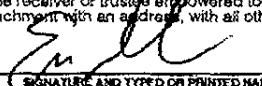
SIGNATURE _____ Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when retreating)	DATE _____
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FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U00000171275 08/30/04-80011-017 550.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HIRSCHBERG, PAUL 24355 CAPITOL REDFORD, MI 48239
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S CENTELLA, HARRY 5595 TAYLOR FORGE DR. MILLINGTON, TN 38053
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T LEONETTI, ROBERT 1509 SOUTH WRIGHT BLVD. SCHAUMBURG, IL 60193
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
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)(f), 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:  Eric Light	Date: 8-26-04	Daytime Phone #: 313-531-6666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		