# 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 | Mailing Address |
|---|---|
| 1 SOUTH "A" STREET SUITE #103<br>PENSACOLA, FL 32501 | 24355 CAPITOL AVE.<br>REDFORD, MI 48239 |

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

**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

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | P |
| NAME | HIRSCHBERG, PAUL |
| STREET ADDRESS | 24355 CAPITOL |
| CITY-ST-ZIP | REDFORD, MI 48239 |
| TITLE | S |
| NAME | CENTELLA, HARRY |
| STREET ADDRESS | 5595 TAYLOR FORGE DR. |
| CITY-ST-ZIP | MILLINGTON, TN 38053 |
| TITLE | T |
| NAME | LEONETTI, ROBERT |
| STREET ADDRESS | 1509 SOUTH WRIGHT BLVD. |
| CITY-ST-ZIP | SCHAUMBURG, IL 60193 |
| 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 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 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 8-26-04 313-531-6600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #