

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 18, 2005 08:00 AM
Secretary of State

DOCUMENT # F66890

1. Entity Name

TAYLOR & CROWE BATTERY COMPANY



Principal Place of Business

10940 K-NINE DR.
BONITA SPRINGS FL 34135
US

Mailing Address

C/O EAST PENN MFG. CO.
DEKA ROAD
LYON STATION PA 19536
US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

61-0998883

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CROWE, WILLIAM L
10940 K-NINE DR.
BONITA SPRINGS FL 34135

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 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

TITLE DV ☐ Delete
NAME CROWE, WILLIAM L
STREET ADDRESS 10940 K-NINE DR.
CITY-ST-ZIP BONITA SPRINGS, FL 00000

TITLE T ☐ Delete
NAME PRUITT, CHRISTOPHER
STREET ADDRESS DEKA RD
CITY-ST-ZIP LYON STATION PA 19536

TITLE S ☐ Delete
NAME MIKSIWICZ, SALLY
STREET ADDRESS DEKA RD
CITY-ST-ZIP LYON STATION PA 19536

TITLE P ☐ Delete
NAME LANGDON, DANIEL
STREET ADDRESS DEKA RD
CITY-ST-ZIP LYON STATION PA 19536

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000000268901
CITY-ST-ZIP 03/18/05-80061-010 150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/05

Date

610 682 6361

Daytime Phone #