

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 02, 2008 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**



07212008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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**

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

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

S  
NAME **MIKSIEWICZ, SALLY**  
STREET ADDRESS **DEKA RD**  
CITY-ST-ZIP **LYON STATION, PA 19536**

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

V  
NAME **BREIDEGAM, DANIEL D**  
STREET ADDRESS **DEKA RD**  
CITY-ST-ZIP **LYON STATION, PA 19536**

C  
NAME **BREIDEGAM, DELIGHT E**  
STREET ADDRESS **DEKA RD**  
CITY-ST-ZIP **LYON STATION, PA 19536**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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** *Daniel Langdon*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/27/08**

Date

**610 682 636**

Daytime Phone #

**DO NOT WRITE  
IN THIS SPACE**

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09/02/08-80001-025 150.00