

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 8:00 am
Secretary of State

01-27-2006 90038 045 ***150.00

DOCUMENT # J06299

1. Entity Name
BATTERY DISTRIBUTORS SOUTHEAST, INC.



Principal Place of Business
**250 N. LANE AVE.
JACKSONVILLE, FL 32254 US**

Mailing Address
**% PAUL M. KRAMER
3245 OAK ST.
JACKSONVILLE, FL 32205**

60007680



2. Principal Place of Business

3. Mailing Address

250 N. Lane Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01242006

Chg-P

CR2E034 (11/05)

City & State

City & State

Jacksonville FL

4. FEI Number

59-2653235

Applied For

Not Applicable

Zip

Country

Zip

Country

32254

US

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KRAMER, PAUL M.
3245 OAK ST.
JACKSONVILLE, FL 32205**

Name

Kramer, Paul M

Street Address (P.O. Box Number is Not Acceptable)

14 C street

City

St Augustine

FL

Zip Code

32080

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
KRAMER, PAUL M.
3245 OAK ST.
JACKSONVILLE, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
Kramer, Paul M
14 C street
St Augustine, FL 32080** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SVD
KRAMER, MELINDA H.
3245 OAK ST.
JACKSONVILLE, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SVD
Kramer, Melinda H
14 C street
St Augustine, FL 32080** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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:

Melinda H Kramer melinda H Kramer

1-29-06 (904) 478-7747

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #