


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 27, 2007 8:00 am**  
**Secretary of State**

08-27-2007 90031 013 \*\*\*150.00

<b>DOCUMENT # K59232</b> 1. Entity Name <b>BATTERY EXPRESS AND AUTO ELECTRIC SERVICES, INC.</b>					
Principal Place of Business <b>3900 B. SOUTH AVE.</b> <b>TAMPA, FL 33614 US</b>			Mailing Address <b>P. O. BOX 450</b> <b>BRANDON, FL 33509-0450 US</b>		
2. Principal Place of Business - No P.O. Box # <b>1432 Hobbs St.</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>Tampa FL</b>		City & State Suite, Apt. #, etc.		4. FEI Number <b>59-3306288</b>	
Zip <b>33619</b>		Country <b>Hillsborough</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ELAM, B. LEE</b> <b>101 EAST LUMSDEN ROAD</b> <b>BRANDON, FL 33511</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>MORGAN, MICHAEL K.</b> <b>11529 MOHETTE RD</b> <b>RIVERVIEW, FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>MORGAN, DENISE L.</b> <b>11529 MONETTE RD</b> <b>RIVERVIEW, FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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.					
<b>SIGNATURE:</b> <u>Michael K. Morgan</u> <b>Michael K. Morgan</b> <b>8/21/07</b> <b>813-876-1024</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					