

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 23, 2006 08:00 AM
Secretary of State

D DOCUMENT # L42303
1. **G** **BRAND BATTERY, INC.**



Pr **Place of Business** **Mailing Address**
48 **EDGEWATER DR** **4807 EDGEWATER DR**
CI **ORLANDO FL 32804** **ORLANDO FL 32804**



2. **Place of Business** **3. Mailing Address**
g. Apt. #, etc. **Suite, Apt. #, etc.**
State **City & State**
Country **Zip** **Country**

1st MOORE CR2E034 (10/05)

6. Name and Address of Current Registered Agent
HAND, MICHAEL T.
320 GROVE AVE
WINTER PARK FL 32789

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** **Zip Code**

8 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, obligations of registered agent.

S **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing) **DATE**

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Check Payable to Florida Department of State
9. Election Campaign Financing **\$5.00** May E
Trust Fund Contribution. ☐ **Added to Fees**

OFFICERS AND DIRECTORS				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
T	D	<input type="checkbox"/> Delete	WALKER, JAMES H	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add	
N	ADDRESS		4807 EDGEWATER DR	NAME			
S	CITY-STATE-ZIP		ORLANDO FL	STREET ADDRESS			
T	M	<input type="checkbox"/> Delete	COMBS, PATRICIA	CITY-STATE-ZIP			
N	ADDRESS		4575 S. TEXAS #301	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add	
S	CITY-STATE-ZIP		ORLANDO FL	NAME			
T		<input type="checkbox"/> Delete		STREET ADDRESS			
N				CITY-STATE-ZIP			
S		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add	
T				NAME			
N		<input type="checkbox"/> Delete		STREET ADDRESS			
S				CITY-STATE-ZIP			
T		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add	
N				NAME			
S		<input type="checkbox"/> Delete		STREET ADDRESS			
T				CITY-STATE-ZIP			
N		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add	
S				NAME			
T		<input type="checkbox"/> Delete		STREET ADDRESS			
N				CITY-STATE-ZIP			
S		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add	
T				NAME			
N		<input type="checkbox"/> Delete		STREET ADDRESS			
S				CITY-STATE-ZIP			

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, or on an attachment with an address, with all other like empowered.

SIGNATURE: *James H. Walker* **1-19-2006** **467292-7480**