


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 08:00 A
Secretary of State

DOCUMENT # N01000001514	
1. Entity Name NO BATTERIES REQUIRED, INC.	

Principal Place of Business 2983 VERDURA POINT DRIVE TALLAHASSEE, FL 32311	Mailing Address 2983 VERDURA POINT DRIVE TALLAHASSEE, FL 32311
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DO NOT WRITE IN THIS SPACE



02212007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3701510	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**BRANNON, TAMARA K
22 SHOEMAKER CT
CRAWFORDVILLE, FL 32327**

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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 _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRANNON, TAMARA 22 SHOEMAKER CT CRAWFORDVILLE, FL 32327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOODS, C. KAY 2983 VERDURA POINT DR TALLAHASSEE, FL 32311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRANNON, JOSEPH D 22 SHOEMAKER CT CRAWFORDVILLE, FL 32327
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03/07/07-80051-017 70.00

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 617, 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: *Michael T. Woods* *Michael T. Woods* *02/26/07* *850/601-6127*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #