## 2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## Apr 28, 2005 8:00 am Secretary of State DOCUMENT # N01000002517 1. Entity Name 04-28-2005 90214 003 \*\*\*\*61.25 LEON BATTERY, INC. Principal Place of Business Mailing Address 1930 TYLER ST. 1930 TYLER ST. HOLLYWOOD, FL 33020 HOLLYWOOD, FL 33020 04252005 No Chg-NP CR2E037 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number **NOT APPLICABLE** Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HILBERTH, KURT ESQ DO NOT WRITE 1930 TYLER ST. HOLLYWOOD, FL 33020 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) 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Due by May 1, 2005 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE PD NAME HILBERTH, KURT STREET ADDRESS 1930 TYLER STREET CITY - ST - ZIP HOLLYWOOD, FL 33020 TITLE NAME SMITH, SANFORD STREET ADDRESS 2928 MYRTLE OAK CIRCLE CITY-ST-ZIP DAVIE, FL 33328 TITLE NAME RODWELL, JAMES STREET ADDRESS 9999-4 NW 9TH STREET DO NOT WRITE CITY-ST-ZIP MIAMI, FL 33172 THE D IN THIS SPACE NAME KELLEY, KEN STREET ADDRESS 3141 SW 37TH AVENUE CITY-ST-ZIP HOLLYWOOD, FL 33023 TITLE NAME BENDER, JEFF STREET ADDRESS 15699 79TH TERR N CITY-ST-ZIP PALM BEACH GARDENS, FL 33418 NILE NAME

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

STREET ADDRESS CITY - ST - ZIP

**FILED** 

4-28-05 454 825 8080
Date Dayine Phone #