

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 24, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # N01000002517**

1. Entity Name  
**LEON BATTERY, INC.**



Principal Place of Business  
**1930 TYLER ST.  
HOLLYWOOD, FL 33020**

Mailing Address  
**1930 TYLER ST.  
HOLLYWOOD, FL 33020**



01302006 No Chg-NP

CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**HILBERTH, KURT ESQ  
1930 TYLER ST.  
HOLLYWOOD, FL 33020**

**DO NOT WRITE  
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 reinstalling)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME HILBERTH, KURT  
STREET ADDRESS 1930 TYLER STREET  
CITY-ST-ZIP HOLLYWOOD, FL 33020

TITLE VPD  
NAME SMITH, SANFORD  
STREET ADDRESS 2928 MYRTLE OAK CIRCLE  
CITY-ST-ZIP DAVIE, FL 33328

TITLE S  
NAME RODWELL, JAMES  
STREET ADDRESS 9999-4 NW 9TH STREET  
CITY-ST-ZIP MIAMI, FL 33172

TITLE D  
NAME KELLEY, KEN  
STREET ADDRESS 3141 SW 37TH AVENUE  
CITY-ST-ZIP HOLLYWOOD, FL 33023

TITLE D  
NAME BENDER, JEFF  
STREET ADDRESS 15699 79TH TERR N  
CITY-ST-ZIP PALM BEACH GARDENS, FL 33418

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000532635  
05/06/06-80094-003 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**KURT HILBERTH** 4-17-06 954 925 8080