2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2005 8:00 am
Secretary of State
04-06-2005 90112 049 ***150.00

1st MOORE CR2E034 (10/04)

DOCUMENT # P02000027300

1. Entity Name
ROYAL BATTERY DISTRIBUTORS, INC.

Principal Place of Business	Mailing Address
12855 49TH ST. N. CLEARWATER FL 33762	12855 49TH ST. N. CLEARWATER FL 33762

2. Principal Place of Business	3. Mailing Address
12045 34th Street N.	12045 34th Street N.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St. Petersburg, FL	City & State: St. Petersburg, FL
Zip: 33716 Country: USA	Zip: 33716 Country: USA

4. FEI Number 03-0409516 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HOCK, RONALD G
101 E KENNEDY BLVD, STE 4100
TAMPA FL 33602-5152

7. Name and Address of New Registered Agent

Name: Safee, Edward
Street Address (P.O. Box Number is Not Acceptable): 12045 34th Street N.
City: St. Petersburg FL Zip Code: 33716

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] EDWARD F. SAFEE 3/21/05
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAFEE, ED 12855 49 ST N CLEARWATER FL 33762	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 12045 34th Street N. St. Petersburg, FL 33716
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12. 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 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.

SIGNATURE: [signature] EDWARD F. SAFEE PRES. 3/21/05 (727) 572-7731
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #