


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 28, 2004 08:00 AM  
Secretary of State**

<b>DOCUMENT # P02000073802</b> 1. Entity Name <b>BATTLE AUTOMOTIVE ENTERPRISES, INC.</b>	
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Principal Place of Business <b>1971 FRENCH ST SUITE A FT. MYERS, FL 33916</b>	Mailing Address <b>1971 FRENCH ST SUITE A FT. MYERS, FL 33916</b>
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04202004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>81-0560362</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

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

**BATTLE, WILLIE J SR  
2602 ELVA PL  
LEHIGH ACRES, FL 33971**

**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 reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE <b>P</b>	<b>BATTLE, WILLIE J SR</b>
NAME	
STREET ADDRESS	<b>1971 FRENCH ST SUITE A</b>
CITY - ST - ZIP	<b>FORT MYERS, FL 33916</b>
TITLE <b>V</b>	<b>BATTLE, BERNICE</b>
NAME	
STREET ADDRESS	<b>1971 FRENCH ST. SUITE A</b>
CITY - ST - ZIP	<b>FT. MYERS, FL 33916</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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04/28/04-80015-015 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: *Willie Battle* **Willie Battle** 4/27/04 340-8935  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #