

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2005 8:00 am
Secretary of State

05-09-2005 90290 041 ***150.00

DOCUMENT # P02000128012
 1. Entity Name
BATTERY EXPRESS, INC.



Principal Place of Business Mailing Address
 1932 NW 9TH STREET 1932 NW 9TH STREET
 FT LAUDERDALE FL 33311 FT LAUDERDALE FL 33311

50050710



1st MOORE CR2E034 (10/04)

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
85-0478781 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
JOYNER, ELTON R
1932 NW 9TH STREET
FT LAUDERDALE FL 33311

7. Name and Address of New Registered Agent
 Name **Joyner, Elston R.**
 Street Address (P.O. Box Number is Not Acceptable) **1932 NW 9th Street**
 City **Ft. Lauderdale** **FL** Zip Code **33311**

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 _____

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	JOYNER, ELSTON R	
STREET ADDRESS	1932 NW 9TH STREET	
CITY-ST-ZIP	FT LAUDERDALE FL 33311	
TITLE	VS	<input type="checkbox"/> Delete
NAME	JOYNER, GLORIA B	
STREET ADDRESS	1932 NW 9TH STREET	
CITY-ST-ZIP	FT LAUDERDALE FL 33311	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Elton R. Joyner Date _____ Daytime Phone # _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR