

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000147140

Entity Name: EXPERT BATTERY DOCTORS INC

FILED  
Mar 05, 2009  
Secretary of State

## Current Principal Place of Business:

7862 SW ELLIPSE WAY  
STUART, FL 34997

## New Principal Place of Business:

4264 OAKHAVE LANE  
PALM CITY, FL 34990

## Current Mailing Address:

7862 SW ELLIPSE WAY  
STUART, FL 34997

## New Mailing Address:

4264 OAKHAVE LANE  
PALM CITY, FL 34990

FEI Number: 20-5971055

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

THOMAS, LEWIS C  
2346 SW CREEKSIDE DRIVE  
PALM CITY, FL 34990 US

## Name and Address of New Registered Agent:

MCCOY, GINGER S  
4264 OAKHAVE LANE  
PALM CITY, FL 34990 US

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.

SIGNATURE: GINGER S MCCOY

03/05/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: THOMAS, LEWIS C  
Address: 7862 SW ELLIPSE WAY  
City-St-Zip: STUART, FL 34997

Title: VP (X) Delete  
Name: THOMAS, BETTY C  
Address: 7862 SW ELLIPSE WAY  
City-St-Zip: STUART, FL 34997

Title: VP (X) Delete  
Name: MCCOY, GINGER S  
Address: 7862 SW ELLIPSE WAY  
City-St-Zip: STUART, FL 34997

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MCCOY, GINGER S  
Address: 4264 OAKHAVE LANE  
City-St-Zip: PALM CITY, FL 34990

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GINGER S MCCOY

PRES

03/05/2009

Electronic Signature of Signing Officer or Director

Date