

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000021775

1. Entity Name

AMERICAN BATTERY COMPANY



Principal Place of Business

3101 DAVIE BLVD
FORT LAUDERDALE FL 33312
US

Mailing Address

DEKA ROAD
LYON STATION PA 19536

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

23-2801930

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHARKEY, KENNETH W
3101 DAVIE BLVD
FORT LAUDERDALE FL 33312

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 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 ☐ Delete
NAME SHARLEY, KENNETH W
STREET ADDRESS 1012 CITRUS ISLE
CITY-ST-ZIP FORT LAUDERDALE FL

TITLE V ☐ Delete
NAME CHRISWISSER, JACK R
STREET ADDRESS 6660 S.W. 20TH STREET
CITY-ST-ZIP PLANTATION FL

TITLE VD ☐ Delete
NAME LANGDON, DAN
STREET ADDRESS DEKA ROAD
CITY-ST-ZIP LYON STATION PA 19536

TITLE SD ☐ Delete
NAME MIKSIWIEZ, SALLY
STREET ADDRESS DEKA ROAD
CITY-ST-ZIP LYON STATION PA 19536

TITLE TD ☐ Delete
NAME PRUITT, CHRISTOPHER
STREET ADDRESS DEKA ROAD
CITY-ST-ZIP LYON STATION PA 19536

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS U00000268904
CITY-ST-ZIP 03/18/05-80061-011 150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/18/05 (6068) 6361