

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 03, 2008 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



07212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

SHARKEY, KENNETH W
3101 DAVIE BLVD
FORT LAUDERDALE, FL 33312

**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)

U00000958766
09/03/08-80002-003 150.00
DATE

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SHARLEY, KENNETH W
STREET ADDRESS	1012 CITRUS ISLE
CITY-ST-ZIP	FORT LAUDERDALE, FL
TITLE	V
NAME	CHRISWISSER, JACK R
STREET ADDRESS	6660 S.W. 20TH STREET
CITY-ST-ZIP	PLANTATION, FL
TITLE	VD
NAME	LANGDON, DAN
STREET ADDRESS	DEKA ROAD
CITY-ST-ZIP	LYON STATION, PA 19536
TITLE	SD
NAME	MIKSIEWIEZ, SALLY
STREET ADDRESS	DEKA ROAD
CITY-ST-ZIP	LYON STATION, PA 19536
TITLE	TD
NAME	PRUITT, CHRISTOPHER
STREET ADDRESS	DEKA ROAD
CITY-ST-ZIP	LYON STATION, PA 19536
TITLE	V
NAME	EBERLY, HAROLD J
STREET ADDRESS	DEKA ROAD
CITY-ST-ZIP	LYON STATION, PA 19536

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 #

8/28/08 610682536