


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000023179</b>	
1. Entity Name <b>BATTERY NATION CORPORATION</b>	

Principal Place of Business <b>13830 NORTHWEST 27TH AVENUE OPALOCKA, FL 33054</b>	Mailing Address <b>13830 NORTHWEST 27TH AVENUE OPALOCKA, FL 33054</b>
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03102004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0734504</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>MARCHETTI, RAYMOND 13830 NW 27TH AVE OPA LOCKA, FL 33054</b>
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**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

*[Handwritten Signature]*  
*Keep Registered Agent the Same*  
*4/7/04*

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000108859  
04/12/04-80019-020 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD MARCHETTI, RAYMOND A 13830 NORTHWEST 27TH AVENUE OPALOCKA, FL 33054
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T CHAVEZ, LUIS 13830 NORTHWEST 27TH AVENUE OPALOCKA, FL 33054
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**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)(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 #

*Raymond Marchetti*

*4/7/04* *(305) 681-5235*