


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 09, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000107794**

1. Entity Name  
**A & A BATTERY, INC.**



Principal Place of Business      Mailing Address


12590 SW 34 PLACE      12590 SW 34 PLACE  
 DAVIE FL 33330      DAVIE FL 33330  
 US      US

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



1st MOORE      CR2E034 (10/04)

4. FEI Number      Applied For

**65-0882451**      Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HICKS, ODALYS**  
**12590 SW 34 PLACE**  
**DAVIE FL 33330**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

**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      \$5.00 May Be Added to Fees

Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

|                 |                   |                                 |
|-----------------|-------------------|---------------------------------|
| TITLE           | D                 | <input type="checkbox"/> Delete |
| NAME            | HICKS, ODALYS     |                                 |
| STREET ADDRESS  | 12590 SW 34 PLACE |                                 |
| CITY - ST - ZIP | DAVIE FL 33330    |                                 |
| TITLE           | D                 | <input type="checkbox"/> Delete |
| NAME            | HICKS, DAVID L    |                                 |
| STREET ADDRESS  | 12590 SW 34 PLACE |                                 |
| CITY - ST - ZIP | DAVIE FL 33330    |                                 |
| 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 |  |   |

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03/09/05-80023-023 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 David L Hicks      **David L Hicks**      **3/7/05**      **954 924 8855**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #