

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90008 026 ***150.00

DOCUMENT # P20005
 1. Entity Name
BALANCED CAPITAL SERVICES, INC.



Principal Place of Business
**90 STATE HOUSE SQUARE
 HARTFORD, CT 06103**

Mailing Address
**90 STATE HOUSE SQUARE
 C/O CHERYL GORHAM
 HARTFORD, CT 06103**

54000724

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country



01062004 Chg-P CR2E034 (10/03)

4. FEI Number
06-0878468

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> Delete
NAME	HOROWITZ, DAVID A	
STREET ADDRESS	90 STATE HOUSE SQUARE	
CITY-ST-ZIP	HARTFORD, CT 06103	
TITLE	PD	<input type="checkbox"/> Delete
NAME	KUCKRO, LEE G.	
STREET ADDRESS	90 STATE HOUSE SQUARE	
CITY-ST-ZIP	HARTFORD, CT 06103	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SWAIN, DONNA L	
STREET ADDRESS	90 STATE HOUSE SQUARE	
CITY-ST-ZIP	HARTFORD, CT 06103	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GACONA, BERNARD	
STREET ADDRESS	90 STATE HOUSE SQUARE	
CITY-ST-ZIP	HARTFORD, CT 06103	
TITLE	D	<input type="checkbox"/> Delete
NAME	MULLANE, DANIEL J	
STREET ADDRESS	90 STATE HOUSE SQUARE	
CITY-ST-ZIP	HARTFORD, CT 06103	
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	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JASON H. DIAMOND	
STREET ADDRESS	90 STATE HOUSE SQUARE	
CITY-ST-ZIP	HARTFORD, CT 06103	
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		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Lee G. Kuckro **Lee G. Kuckro** 1/5/04 860-509-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR /Date Daytime Phone #