

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F03000003728

1. Entity Name
BALAX, INC.



Principal Place of Business

W305 N7697 HWY. E
NORTH LAKE, WI 53064

Mailing Address

W305 N7697 HWY. E
NORTH LAKE, WI 53064

FILED
Jul 14, 2008 08:00 AM
Secretary of State



07092008 No Chg-P CR2E034 (11/05)

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4. FEI Number
39-0980611

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HALL, JAMES P
1526 HERMITAGE LANE
CAPE CORAL, FL 33914

**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

**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	VCT
NAME	HALL, JAMES P
STREET ADDRESS	1526 HERMITAGE LANE
CITY-ST-ZIP	CAPE CORAL, FL 33914
TITLE	VVCS
NAME	MCCLURE, THOMAS W
STREET ADDRESS	2815 LANCASTER CT.
CITY-ST-ZIP	BROOKFIELD, WI 53045
TITLE	D
NAME	HALL, DONNA C
STREET ADDRESS	1526 HERMITAGE LANE
CITY-ST-ZIP	CAPE CORAL, FL 33914
TITLE	D
NAME	MCCLURE, JENNIFER L
STREET ADDRESS	2815 CANCASTER CT.
CITY-ST-ZIP	BROOKFIELD, WI 53045
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000954575
07/14/08-80008-001 150.00

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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 #