

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 05, 2007 08:00 A
Secretary of State

DOCUMENT # P02000026322

1. Entity Name

PRECISION BALANCE SPECIALISTS, CORP.



Principal Place of Business

5950 COLONY PLACE DRIVE
LAKELAND FL 33813

Mailing Address

5950 COLONY PLACE DRIVE
LAKELAND FL 33813



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 04-3621504

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SISTRUNK, DIANE
5950 COLONY PLACE DR.
1
LAKELAND FL 33813

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

Du Sista

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04/01/07

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME SISTRUNK, MARK
STREET ADDRESS 5950 COLONY PLACE DRIVE
CITY-ST-ZIP LAKELAND FL 33813

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS 000000692320
CITY-ST-ZIP 04/13/07-80046-022 150.00

TITLE D ☐ Delete
NAME LIGHTSEY, CRAIG
STREET ADDRESS 10120 MAGNOLIA CREEK DRIVE
CITY-ST-ZIP LITHIA FL 33547

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME LIGHTSEY, ANNIE
STREET ADDRESS 10120 MAGNOLIA CREEK DRIVE
CITY-ST-ZIP LITHIA FL 33547

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME SISTRUNK, DIANE
STREET ADDRESS 5950 COLONY PLACE DR
CITY-ST-ZIP LAKELAND FL 33813

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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

Du Sista

Duo

04/01/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #