

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2008 08:00 AM
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**



01202008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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

**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
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SISTRUNK, MARK
STREET ADDRESS	5950 COLONY PLACE DRIVE
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	D
NAME	LIGHTSEY, CRAIG
STREET ADDRESS	10120 MAGNOLIA CREEK DRIVE
CITY-ST-ZIP	LITHIA, FL 33547
TITLE	D
NAME	LIGHTSEY, ANNIE
STREET ADDRESS	10120 MAGNOLIA CREEK DRIVE
CITY-ST-ZIP	LITHIA, FL 33547
TITLE	D
NAME	SISTRUNK, DIANE
STREET ADDRESS	5950 COLONY PLACE DR
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Du Sistrunk / Diane Sistrunk*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #