

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000026322

FILED  
Jan 12, 2009  
Secretary of State

Entity Name: PRECISION BALANCE SPECIALISTS, CORP.

## Current Principal Place of Business:

5950 COLONY PLACE DRIVE  
LAKELAND, FL 33813

## New Principal Place of Business:

## Current Mailing Address:

5950 COLONY PLACE DRIVE  
LAKELAND, FL 33813

## New Mailing Address:

FEI Number: 04-3621504

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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

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.

SIGNATURE:

01/12/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: SISTRUNK, MARK  
Address: 5950 COLONY PLACE DRIVE  
City-St-Zip: LAKELAND, FL 33813

Title: D ( ) Delete  
Name: LIGHTSEY, CRAIG  
Address: 10120 MAGNOLIA CREEK DRIVE  
City-St-Zip: LITHIA, FL 33547

Title: D ( ) Delete  
Name: LIGHTSEY, ANNIE  
Address: 10120 MAGNOLIA CREEK DRIVE  
City-St-Zip: LITHIA, FL 33547

Title: D (X) Delete  
Name: SISTRUNK, DIANE  
Address: 5950 COLONY PLACE DR  
City-St-Zip: LAKELAND, FL 33813

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: LIGHTSEY, CRAIG  
Address: 4414 HOLLOWAY MEADOW LANE  
City-St-Zip: PLANT CITY, FL 33567

Title: D (X) Change ( ) Addition  
Name: SISTRUNK, DIANE M  
Address: 5950 COLONY PLACE DRIVE  
City-St-Zip: LAKELAND, FL 33813

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANE SISTRUNK

TRES

01/12/2009

Electronic Signature of Signing Officer or Director

Date