## **2006 FOR PROFIT CORPORATION**

## **ANNUAL REPORT**

DOCUMENT # P04000012355 1. Entity Name



FILED Apr 20, 2006 8:00 am Secretary of State 04-20-2006 90174 016 \*\*\*150.00

JW BALA	NCED SOLUTIONS, INC.							
Principal Place of Business  7651 GATE PARKWAY SUITE 206  JACKSONVILLE, FL 32256  Address  7651 GATE PARKWAY SUITE 206  JACKSONVILLE, FL 32256				40	1124.19A			
4538	lace of Business 3 HANOVER PARK DR	3. Mailing Address 4538 HANO	VER PARK	PR				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		041420	006 Chg-P	CR2E034 (11	/05)	
City & State	ONVILLE FL	City & State	4. FEIN	umber 2141194	-	ii-	lied For Applica	
3222	Country	Zip 32724	Country USA	<u> </u>	icate of Status Desired		5 Addition	
	6. Name and Address of Current I	Registered Agent	Name	7. Name	and Address of New	Registered Agent		
WEBSTER, JAMES A 7651 GATE PARKWAY SUITE 206 JACKSONVILLE, FL 32256			Street A	Street Address (P.O. Box Number is Not Acceptable) 4538 HANDVER PARK DR				
				City JACKSONVILLE FL Zip Code 32224				
the obligate SIGNATURE.	named entity submits this statement for ions of registered agent.  Signature, typed or printed name of projectered agent	And side if applicable. (NOTE  9. Election Campai	E: Registered Agent signal	r registered agent, of the required when reinstative squared when reinstative \$5.00 May B Added to Fees	ng)	Florida. I am familiar H / 16 / 200 DATE		nd acce
10.	<u> </u>			ADDITIO	ONG (CLIANIOES TO O	ELOCED AND DIDE	27000.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD WEBSTER, JAMES A 7651 GATE PARKWAY SUITE 20 JACKSONVILLE, FL 32256	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD JAMES A. 4538 HAM	ONS/CHANGES TO OF WEBSTER VOUER PARK	□ Ch		IN 11 ☐ Addit
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD WEBSTER, PILAR 7651 GATE PARKWAY SUITE 20 JACKSONVILLE, FL 32256	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD PILAR WE 4538 HAN		□ Chi	ange	☐ Addit
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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 direct 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 changed, or on an attachment with an address, with all other like ampowered.