


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000092389	
1. Entity Name HOLISTIC TEST & BALANCE, INC.	

Principal Place of Business 3614 LENOX AVE JACKSONVILLE, FL 32254 US	Mailing Address 3614 LENOX AVE JACKSONVILLE, FL 32254 US
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DO NOT WRITE IN THIS SPACE



01072008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2570935	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

UFFELMAN, LOYD E
2820 SELMA ST.
JACKSONVILLE, FL 32205

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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: Loyd E. Uffelman Loyd E. Uffelman 4/28/08
Signature, typed or printed name of registered agent and job title 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. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000931332 05/22/08-800110-019 150.00
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10. OFFICERS AND DIRECTORS

TITLE P	NAME UFFELMAN, LOYD E
STREET ADDRESS 2820 SELMA ST	CITY-ST-ZIP JACKSONVILLE, FL 32205

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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 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: Loyd E. Uffelman Loyd E. Uffelman 4/28/08 (904) 388-1631
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #