

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90045 016 ***150.00

DOCUMENT # P94000087527

1. Entity Name
CORNELL BALANCING COMPANY, INC.



40005211

Principal Place of Business
5651 HALIFAX AVE
#7
FORT MYERS, FL 33912

Mailing Address
5651 HALIFAX AVE
#7
FORT MYERS, FL 33912

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01182007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
59-3282447

Applied For
Not Applicable

Zip

Country

Zip

Country

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

CORNELL, KATHLEEN A
5651 HALIFAX AVE #7
FORT MYERS, FL 33912

Name Chris M. Cornell

Street Address (P.O. Box Number is Not Acceptable)
5651 Halifax Ave., #7

City Fort Myers

FL

Zip Code 33912

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, applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/22/2007

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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 P
NAME CORNELL, JAMES D
STREET ADDRESS 6650 KESTREL CIRCLE
CITY-ST-ZIP FORT MYERS, FL 33912 ☐ Delete

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

TITLE V
NAME CORNELL, CHRISTOPHER M
STREET ADDRESS 6765 PLANTATION PINES BLVD
CITY-ST-ZIP FORT MYERS, FL 33912 ☐ Delete

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

TITLE S
NAME CORNELL, KATHLEEN A
STREET ADDRESS 6650 KESTREL CIRCLE
CITY-ST-ZIP FT. MYERS, FL 33912 ☐ Delete

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

TITLE T
NAME CORNELL, JAMES O
STREET ADDRESS 13309 HAMPTON PARK CT
CITY-ST-ZIP FORT MYERS, FL 33913 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 another like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/22/2007 954-325-1485