


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 11, 2007 8:00 am
Secretary of State

05-11-2007 90038 038 ***150.00

DOCUMENT # P96000048961		
1. Entity Name BALANCE, INC.		
Principal Place of Business 8595 BEACH BLVD #310 JACKSONVILLE FL 32216		Mailing Address 5530 BEACH BLVD. JACKSONVILLE FL 32207
2. Principal Place of Business - No P.O. Box # 3046 Beach Blvd Suite, Apt. #, etc.	3. Mailing Address 3046 Beach Blvd Suite, Apt. #, etc.	
City & State Jax FL	City & State Jax FL	
Zip 32207	Country Duval	Zip 32207



1st MOORE CR2E034 (10/06)

4. FEI Number 59-3382248		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent WILDMAN, STEVEN C 8595 BEACH BLVD #310 JACKSONVILLE FL 32216		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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 NAME STREET ADDRESS CITY - ST - ZIP	PVST WILDMAN, STEVEN C 5530 BEACH BLVD. JACKSONVILLE FL 32207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILDMAN, STEVEN C 5530 BEACH BLVD. JACKSONVILLE FL 32207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/07 904-346-0094
Date Daytime Phone #