

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 23, 2008 8:00 am
Secretary of State

05-23-2008 90020 045 ***150.00

DOCUMENT # P96000048961

1. Entity Name

BALANCE, INC.



Principal Place of Business

**3046 BEACH BLVD
JACKSONVILLE FL 32207**

Mailing Address

**3046 BEACH BLVD
JACKSONVILLE FL 32207**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number **59-3382248**

Applied For

Not Applicable

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

WILDMAN, STEVEN C
~~8530 BEACH BLVD #310~~ 3046 Beach Blvd
~~JACKSONVILLE FL 32246~~ Jax FL 32207

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be**
Trust Fund Contribution. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PVST** ☐ Delete
NAME **WILDMAN, STEVEN C**
STREET ADDRESS **~~5530 BEACH BLVD~~ 3046 Beach Blvd**
CITY-ST-ZIP **~~JACKSONVILLE FL 32207~~ Jax FL 32207**

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

TITLE **D** ☐ Delete
NAME **WILDMAN, STEVEN C**
STREET ADDRESS **~~5530 BEACH BLVD~~ 3046 Beach Blvd**
CITY-ST-ZIP **~~JACKSONVILLE FL 32207~~ Jax FL 32207**

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

Steve Wildman **Steve Wildman**

4/25/08 904 346 0024

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #