

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000045093

1. Entity Name
INSTRUMENTATION SERVICES, INC.



Principal Place of Business
**12857 E INDEPENDENCE BLVD
STE F
MATTHEWS, NC 28105 US**

Mailing Address
**PO BOX 474570
CHARLOTTE, NC 28247 US**



02262006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-1051265

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**TILLMAN, JOHN L JR.
747 BRIDGECREEK CT.
SANFORD, FL 32771**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **MANUELSMITH, ROBERT**
STREET ADDRESS **200 EAST WOODLAWN RD, SUITE 320**
CITY-STATE-ZIP **CHARLOTTE, NC 28217**

TITLE **C**
NAME **RUSSELL, EDWIN**
STREET ADDRESS **200 EAST WOODLAWN RD, SUITE 320**
CITY-STATE-ZIP **CHARLOTTE, NC 28217**

TITLE **S**
NAME **TILLMAN, JOHN L JR.**
STREET ADDRESS **200 EAST WOODLAWN RD, SUITE 320**
CITY-STATE-ZIP **CHARLOTTE, NC 28217**

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04/22/06-80096-016 150.00

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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 my address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT P. MANUELSMITH 04-07-06 704-893-0639

Date

Daytime Phone #