

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2007 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



03202007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

65 Applied For
Not Applicable

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

4/2/07
CC

**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, 2007 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-ST-ZIP CHARLOTTE, NC 28217

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

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

TITLE S
NAME TILLMAN, JOHN L JR
STREET ADDRESS 200 EAST WOODLAWN RD, SUITE 320
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04/09/07-80001-001 150.00

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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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-28-07

Date

704-893-0639

Daytime Phone #