

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K08301

FILED
Mar 14, 2005
Secretary of State

Entity Name: METABOLIC RESEARCH CENTER OF JACKSONVILLE, INC.

Current Principal Place of Business:

3229 HWY 17 N
GREEN COVE SPRINGS, FL 32043

New Principal Place of Business:

13040 ABERCORN STREET #8
SAVANNAH, GA 31419

Current Mailing Address:

3229 HWY 17 N
GREEN COVE SPRINGS, FL 32043

New Mailing Address:

3229 HWY 17
GREEN COVE SPRINGS, FL 32043

FEI Number: 59-2863732

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOILEAU, NINA
3229 HWY 17 N
GREEN COVE SPRINGS, FL 32043 US

Name and Address of New Registered Agent:

SOILEAU, NINA
3229 HWY 17
GREEN COVE SPRINGS, FL 32043 US

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.

SIGNATURE:

03/14/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: ST () Delete
Name: SOILEAU, NINA
Address: 3229 HWY 17 N
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: V () Delete
Name: SOILEAU, JOHN
Address: 3229 HWY 17 N.
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: P () Delete
Name: HOGAN-SUMMERS, KRISTIN
Address: 2523 BELFORT RD
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KRISTIN SUMMERS

P

03/14/2005

Electronic Signature of Signing Officer or Director

Date