


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 27, 2005 8:00 am**  
**Secretary of State**

01-27-2005 90050 009 \*\*\*150.00

<b>DOCUMENT # P03000141111</b>	
1. Entity Name <b>LADIES WEIGHT LOSS CENTER OF PORT ST. LUCIE, INC.</b>	

Principal Place of Business <b>1202 SE PORT ST. LUCIE BLVD. PORT ST. LUCIE, FL 34952 US</b>	Mailing Address <b>1202 SE PORT ST. LUCIE BLVD. PORT ST. LUCIE, FL 34952 US</b>
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**40007642**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01122005 Chg-P CR2E034 (10/03)

4. FEI Number <b>20-0428030</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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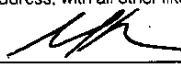
6. Name and Address of Current Registered Agent	
<b>MALOCH, CAROL 1202 SE PORT ST. LUCIE BLVD. PORT ST. LUCIE, FL 34952</b>	

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	DATE
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P MALOCH, CAROL 1202 SE PORT ST. LUCIE BLVD. PORT ST. LUCIE, FL 34952</b> <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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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:  <b>CAROL MALOCH</b> <b>PAU</b>	Date: <b>1/22/05</b> Daytime Phone #: <b>772-398-9296</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	