


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90271 030 ***150.00

DOCUMENT # P04000045619	
1. Entity Name LIFE PLAN WEIGHT LOSS CLINIC, INC	

Principal Place of Business 856 S US HWY 41 INVERNESS, FL 34450 US	Mailing Address 856 S US HWY 41 INVERNESS, FL 34450 US
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2. Principal Place of Business 160 N Florida Ave Suite, Apt. #, etc.	3. Mailing Address 160 N Florida Ave Suite, Apt. #, etc.
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City & State Inverness FL	City & State Inverness FL
Zip 34453	Country USA
Zip 34453	Country USA



03242005 Chg-P CR2E034 (10/03)

4. FEI Number 20-0858200	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DESJARDINS, NANCY 856 S US HWY 41 INVERNESS, FL 34450	7. Name and Address of New Registered Agent Name: DESJARDINS NANCY Street Address (P.O. Box Number is Not Acceptable): 160 N Florida Ave City: Inverness FL Zip Code: 34453
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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: Nancy DesJardins Nancy DesJardins 4/11/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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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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: Nancy DesJardins NANCY DESJARDINS 4/11/05 352-341-3636
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #