


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000038943 <small>1. Entity Name</small> SLIM CONCEPT WEIGHT CONTROL, INC.	
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<small>Principal Place of Business</small> 5113 N DAVIS HWY SUITE 4 PENSACOLA, FL 32503 US	<small>Mailing Address</small> 5113 N DAVIS HWY SUITE 4 PENSACOLA, FL 32503 US
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01082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3198830	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

THORNTON, MARGARET
5113 N DAVIS HWY
SUITE 4
PENSACOLA, FL 32503

**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 reissuing) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD THORNTON, MARGARET 5113 N DAVIS HWY SUITE 4 PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SD ANSTEAD, DEBORAH L. 2358 BELLEFLOWER RD PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
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000000009045
01/20/04-80030-011 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Margaret L. Thornton Pres 1-15-04 (850) 477-3196
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #