

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000038943

FILED  
Jun 22, 2009  
Secretary of State

Entity Name: SLIM CONCEPT WEIGHT CONTROL, INC.

## Current Principal Place of Business:

744 BURGESS ROAD  
STE A 102  
PENSACOLA, FL 32504 US

## Current Mailing Address:

744 BURGESS ROAD  
STE A 102  
PENSACOLA, FL 32504 US

## New Principal Place of Business:

744 BURGESS ROAD  
STE D 101  
PENSACOLA, FL 32504 US

## New Mailing Address:

744 BURGESS ROAD  
STE D 101  
PENSACOLA, FL 32504 US

FEI Number: 59-3198830

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

THORNTON, MARGARET  
744 E. BARGESS RD  
STE. D-101  
PENSACOLA, FL 32504 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: THORNTON, MARGARET  
Address: 744 BRUGESS ROAD STE D-101  
City-St-Zip: PENSACOLA, FL 32504

Title: SD ( ) Delete  
Name: ANSTEAD, DEBORAH L.  
Address: 2358 BELLEFLOWER RD  
City-St-Zip: PENSACOLA, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 exemption stated 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 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: MARGARET THORNTON

PD

06/22/2009

Electronic Signature of Signing Officer or Director

Date