


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90020 023 \*\*\*150.00

<b>DOCUMENT # P94000025349</b>			
1. Entity Name <b>WEIGHT LOSS SYSTEMS, INC.</b>			
Principal Place of Business <b>3733 SOUTHSIDE BLVD. JACKSONVILLE FL 32216</b>		Mailing Address <b>3203 E BRIDGECOVE CR JACKSONVILLE FL 32216</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>RICE, RICHARD 5913 ST AUGUSTINE RD JACKSONVILLE FL 32207</b>		7. Name and Address of New Registered Agent Name <b>Rice, Richard</b> Street Address (P.O. Box Number is Not Acceptable) <b>3203 E. Bridgecove Circle</b> City <b>Jax</b> <b>FL</b> Zip Code <b>32216</b>	
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 <i>Richard S. Rice</i> <b>Richard S. Rice</b> DATE <b>3-10-04</b> <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</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RICE, RICHARD J 5913 ST. AUGUSTINE RD. #5 JACKSONVILLE FL 32207 <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	VP RICE, YVONNE D 5913 ST. AUGUSTINE RD. #5 JACKSONVILLE FL 32207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**54018778**



MOORE CR2E034 (11/03)

4. FEI Number **59-3228770** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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: *Richard S. Rice* **Richard S. Rice** DATE **3-10-04** DAYTIME PHONE # **904-233-7548**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR