

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V15888

FILED
Mar 10, 2005
Secretary of State

Entity Name: METABOLIC WEIGHT LOSS CENTER OF OCALA, INC.

Current Principal Place of Business:

3229 HIGHWAY 17 NORTH
GREEN COVE SPRINGS, FL 32043

New Principal Place of Business:

3229 HIGHWAY 17
GREEN COVE SPRINGS, FL 32043

Current Mailing Address:

3229 HIGHWAY 17 NORTH
GREEN COVE SPRINGS, FL 32043

New Mailing Address:

3229 HIGHWAY 17
GREEN COVE SPRINGS, FL 32043

FEI Number: 59-3112852

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOILEAU JOHN W.
3229 HWY 17 NORTH
GREEN COVE SPRINGS, FL 32043 US

Name and Address of New Registered Agent:

SOILEAU, JOHN
3229 HWY 17
GREEN COVE SPRINGS, FL 32043 US

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: JOHN SOILEAU

03/10/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: SOILEAU, JOHN W.,
Address: 3229 HWY 17 N
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: P () Delete
Name: FITE, FRANCES,
Address: PO BOX 291993
City-St-Zip: PORT ORANGE, FL 32129

Title: ST () Delete
Name: SOILEAU, NINA O
Address: 3229 HWY 17 N
City-St-Zip: GREEN COVE SPRINGS, FL 32043

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change () Addition
Name: SOILEAU, JOHN
Address: 3229 HWY 17
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: P (X) Change () Addition
Name: FITE, FRANCES
Address: PO BOX 291993
City-St-Zip: PORT ORANGE, FL 32129

Title: ST (X) Change () Addition
Name: SOILEAU, NINA
Address: 3229 HWY 17
City-St-Zip: GREEN COVE SPRINGS, FL 32043

I hereby certify that the information supplied with this filing does not qualify for the 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 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: FRANCES FITE

P

03/10/2005

Electronic Signature of Signing Officer or Director

Date