

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V15888

FILED  
Apr 30, 2007  
Secretary of State

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

**Current Principal Place of Business:**

3229 HIGHWAY 17  
GREEN COVE SPRINGS, FL 32043

**New Principal Place of Business:**

3101 SW 34TH AVENUE #300  
OCALA, FL 34474

**Current Mailing Address:**

3229 HIGHWAY 17  
GREEN COVE SPRINGS, FL 32043

**New Mailing Address:**

**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  
3229 HWY 17  
GREEN COVE SPRINGS, FL 32043      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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JOHN W. SOILEAU

V

04/30/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date