

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010085

FILED  
Sep 02, 2009  
Secretary of State

**Entity Name:** WEIGHT AND WELLNESS INTERNATIONAL, INC.

**Current Principal Place of Business:**

14030 LAKE YALE RD  
UMATILLA, FL 32784

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2268  
UMATILLA, FL 32784

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

PYLE, JOHN  
14030 LAKE YALE RD  
UMATILLA, FL 32784 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

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: PYLE, JOHN  
Address: 14030 LAKE YALE RD  
City-St-Zip: UMATILLA, FL 32784

Title: DV ( ) Delete  
Name: PYLE, JOANNE J  
Address: 14030 LAKE YALE RD  
City-St-Zip: UMATILLA, FL 32784

Title: DO ( ) Delete  
Name: GLAZE, RON  
Address: 14030 LAKE YALE RD  
City-St-Zip: UMATILLA, FL 32784

**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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN PYLE

DP

09/02/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date