

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000025618

FILED  
Apr 13, 2011  
Secretary of State

**Entity Name:** WEATHERS & ASSOCIATES, INC.

**Current Principal Place of Business:**

400 EXECUTIVE CENTER DR  
SUITE 206  
WEST PALM BEACH, FL 33401 US

**New Principal Place of Business:**

**Current Mailing Address:**

400 EXECUTIVE CENTER DR  
SUITE 206  
WEST PALM BEACH, FL 33401 US

**New Mailing Address:**

**FEI Number:** 65-0484012

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WEATHERS, JONATHAN D  
400 EXECUTIVE CENTER DR  
SUITE 206  
WEST PALM BEACH, FL 33401 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: DPT  
Name: WEATHERS, BONNIE  
Address: 400 EXECUTIVE CENTER DR SUITE 206  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: DVS  
Name: WEATHERS, JONATHAN D  
Address: 400 EXECUTIVE CENTER DR SUITE 206  
City-St-Zip: WEST PALM BEACH, FL 33401

I hereby 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 all other like empowered.

SIGNATURE: JONATHAN D. WEATHERS

VP

04/13/2011

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

\_\_\_\_\_  
Date