

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2007 08:00 A
Secretary of State

DOCUMENT # P95000018798

1. Entity Name
WEIGH-LESS, INC.



Principal Place of Business
14096 HUNTINGTON PT. DR.
APT 102
DELRAY BEACH, FL 33484

Mailing Address
14096 HUNTINGTON PT. DR.
APT 102
DELRAY BEACH, FL 33484



02152007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0572365

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SCHER, RONNIE
13506 CORDOBA LAKE WAY
DELRAY BEACH, FL 33446

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VPD
NAME SCHER, RONNIE
STREET ADDRESS 13506 CORDOBA LAKE WAY
CITY-ST-ZIP DELRAY BEACH, FL 33446

TITLE SD
NAME SABAN, LANA
STREET ADDRESS 14096 HUNTINGTON DR
CITY-ST-ZIP DELRAY BEACH, FL 33484

TITLE PD
NAME REIHS, LINDA
STREET ADDRESS 7572 N.W. 84 TER. APT 101
CITY-ST-ZIP FORT LAUDERDALE, FL 33321

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000651837
03/09/07-80024-009 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Ronnie Scher, Vice President Ronnie Scher 2/27/07 (561)638-7455