

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 30, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000023901**

1. Entity Name  
**WHY WEIGHT? DIET ASSISTANCE, INC.**



Principal Place of Business  
**3265 CYPRESS GARDENS RD  
SUITE A  
WINTER HAVEN, FL 33884**

Mailing Address  
**6039 CYPRESS GARDENS BLVD  
PMB 122  
WINTER HAVEN, FL 33884-4115 US**



01112004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0737090**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**KELLEY, KANDI K  
6039 CYPRESS GARDENS BLVD #122  
WINTER HAVEN, FL 33884-4115**

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

1000000021672  
01/30/04-80015-002 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	KELLEY, KANDI K
STREET ADDRESS	6039 CYPRESS GARDENS BLVD #122
CITY-ST-ZIP	WINTER HAVEN, FL 338844115
TITLE	D
NAME	ARSENAULT, LANONA
STREET ADDRESS	6039 CYPRESS GARDENS BLVD #122
CITY-ST-ZIP	WINTER HAVEN, FL 338844115
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:**

*Kandi K Kelley, president*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/04 (863) 318.8100

Date Daytime Phone #