

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2005 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

DO NOT WRITE IN THIS SPACE



01182005 No Chg-P CR2E034 (10/03)

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, 2005 Fee will be \$550.00

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

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

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CITY-ST-ZIP

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02/02/05-80075-003 150.00

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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)(i), 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-05

Date

(863) 318-8100

Daytime Phone #