

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000108747

1. Entity Name
A WEIGH TO GO, INC.



FILED

04 MAY 10 PM 12:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
5053 OCEAN BLVD.
SARASOTA, FL 34242

Mailing Address
5053 OCEAN BLVD.
SARASOTA, FL 34242

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05112004

Chg-P

CR2E034 (10/03)

4. FEI Number

65-0802125

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOLD, GWEN
5053 OCEAN BLVD. #32
SARASOTA, FL 34242

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

300037045893

05/24/04--01083--007 **155.00

City

FL

Zip Code

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

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GOLD, GWEN
STREET ADDRESS 4851 PRIMROSE PATH
CITY-ST-ZIP SARASOTA, FL 34242 ☐ Delete

TITLE VSD
NAME GOLD, DAVID
STREET ADDRESS 4851 PRIMROSE PATH
CITY-ST-ZIP SARASOTA, FL 34242 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME GOLD, GWEN
STREET ADDRESS 5053 OCEAN BLVD #32
CITY-ST-ZIP SARASOTA, FL 34242 ☒ Change ☐ Addition

TITLE VSD
NAME DAVID GOLD
STREET ADDRESS 1710 NW 107th WAY
CITY-ST-ZIP PLANTATION, FL 33322 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 fee empowered.

SIGNATURE:

Gwen Gold
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

march 24, 2004 350-8908
Date Daytime Phone #