

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2004 08:00 AM
Secretary of State

DOCUMENT # F02000003804

1. Entity Name
 AD-SUCCESS, INCORPORATED



Principal Place of Business
 121 PROSPEROUS PLACE, TOWN OFFICE #2
 LEXINGTON, KY 40509

Mailing Address
 121 PROSPEROUS PLACE, TOWN OFFICE #2
 LEXINGTON, KY 40509



03052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 61-1066419 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SCANLON, PAUL
 8658 LINEYARD CAY
 WEST PALM BEACH, FL 33411

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 file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-8-04

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

U00000092158
 03/18/04-80038-003 158.75

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SCANLON, PAUL E
STREET ADDRESS	121 PROSPEROUS PLACE, TOWN OFFICE #2
CITY-ST-ZIP	LEXINGTON, KY 40509
TITLE	T
NAME	SCANLON, SHARALEE B
STREET ADDRESS	121 PROSPEROUS PLACE, TOWN OFFICE #2
CITY-ST-ZIP	LEXINGTON, KY 40509
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-8-04