


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 08, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F02000003804**  
1. Entity Name  
**AD-SUCCESS, INCORPORATED**



Principal Place of Business \_\_\_\_\_ Mailing Address \_\_\_\_\_  
**121 PROSPEROUS PLACE, TOWN OFFICE #2**      **121 PROSPEROUS PLACE, TOWN OFFICE #2**  
**LEXINGTON, KY 40509**                                      **LEXINGTON, KY 40509**

**DO NOT WRITE IN THIS SPACE**



03092005      No Chg-P      CR2E034 (10/03)

4. FEI Number <b>61-1066419</b>	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>

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 title if applicable. (NOTE: Registered Agent signature required when reinstalling) 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 NAME STREET ADDRESS CITY-ST-ZIP	P SCANLON, PAUL E 121 PROSPEROUS PLACE, TOWN OFFICE #2 LEXINGTON, KY 40509
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCANLON, SHARALEE B 121 PROSPEROUS PLACE, TOWN OFFICE #2 LEXINGTON, KY 40509
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04/08/05-80072-024 158.75

**DO NOT WRITE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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: \_\_\_\_\_ **4-4-05** **561-784-7311**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #