

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90082 009 ***158.75

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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

40038468



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03052007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
61-1066419

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name Sharalee B Scanlon
Street Address (P.O. Box Number is Not Acceptable)
301 Clematis Street, Ste 3000
City West Palm Beach FL 33401

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, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Sharalee B Scanlon

03-13-07 859-263-1822

Date

Daytime Phone #