

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001685

Entity Name: CREDIT SUCCESS INC.

FILED  
Jun 16, 2005  
Secretary of State

## Current Principal Place of Business:

10075 GATE PARKWAY N  
2008  
JACKSONVILLE, FL 32246

## New Principal Place of Business:

1302 ARDMORE ST  
SAINT AUGUSTINE, FL 32092

## Current Mailing Address:

10075 GATE PARKWAY N  
2008  
JACKSONVILLE, FL 32246 US

## New Mailing Address:

1302 ARDMORE ST  
SAINT AUGUSTINE, FL 32092 US

FEI Number: 81-0607620      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

JARMAN, NICHOLAS M  
10075 GATE PARKWAY N  
2008  
JACKSONVILLE, FL 32246 US

## Name and Address of New Registered Agent:

JARMAN, NICHOLAS M  
1302 ARDMORE ST  
SAINT AUGUSTINE, FL 32092 US

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.

SIGNATURE: NICHOLAS M JARMAN

06/16/2005

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: JARMAN, NICHOLAS M  
Address: 10000 GATE PARKWAY N #1115  
City-St-Zip: JACKSONVILLE, FL 32246 US

Title: VP ( ) Delete  
Name: POWELL, MELVIN R  
Address: 13129 BLACK OAK TRAIL  
City-St-Zip: JACKSONVILLE, FL 32225

Title: D ( ) Delete  
Name: JARMAN, JOANI L  
Address: 10075 GATE PKWY N #2008  
City-St-Zip: JACKSONVILLE, FL 32246

Title: D (X) Delete  
Name: WILLIAMS, MAURICE  
Address: 8793 UNIVERSITY BLVD #80  
City-St-Zip: JACKSONVILLE, FL 32207

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: JARMAN, NICHOLAS M  
Address: 1302 ARDMORE ST  
City-St-Zip: SAINT AUGUSTINE, FL 32092 US

Title: VP (X) Change ( ) Addition  
Name: BAKER, ROBERT  
Address: 5426 COMMUNITY CIRCLE  
City-St-Zip: JACKSONVILLE, FL 32207

Title: D (X) Change ( ) Addition  
Name: JARMAN, JOANI L  
Address: 1302 ARDMORE ST  
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NICHOLAS M JARMAN

P

06/16/2005

Electronic Signature of Signing Officer or Director

Date