# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 03, 2006**
**Secretary of State**

DOCUMENT# N03000005138

**Entity Name:** SUCCEED INC.

**Current Principal Place of Business:**

206 HOLIDAY LN
WINTER SPRINGS, FL 32708

**New Principal Place of Business:**

**Current Mailing Address:**

206 HOLIDAY LN
WINTER SPRINGS, FL 32708

**New Mailing Address:**

**FEI Number: 30-0226765** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

LOWE, PATRICIA W
206 HOLIDAY LN
WINTER SPRINGS, FL 32708 US

**Name and Address of New Registered Agent:**

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: _____
Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | C | ( ) Delete |
| Name: | LOWE, PATRICIA W | |
| Address: | 206 HOLIDAY LN | |
| City-St-Zip: | WINTER SPRINGS, FL 32708 | |
| Title: | C | ( ) Delete |
| Name: | BOUEY, VANESSA | |
| Address: | 4323 HERON LAKES DR | |
| City-St-Zip: | SANFORD, FL 32771 | |
| Title: | SD | ( ) Delete |
| Name: | SMITH, BEVERLY | |
| Address: | 566 ELDRON AVE | |
| City-St-Zip: | DELTONA, FL | |
| Title: | D | ( ) Delete |
| Name: | RICKS, MINNIE | |
| Address: | 747 ROSALIE WAY | |
| City-St-Zip: | WINTER SPRINGS, FL 32708 | |
| Title: | D | ( ) Delete |
| Name: | REEVES, HAZEL | |
| Address: | 206 HOLIDAY LN | |
| City-St-Zip: | WINTER SPRINGS, FL 32708 | |
| Title: | D | ( ) Delete |
| Name: | JONES, JEAN | |
| Address: | 206 HOLIDAY LN | |
| City-St-Zip: | WINTER SPRINGS, FL 32708 | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

| | |
|---|---|
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| 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 Chapter 119, 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: PATRICIA W. LOWE MRS 03/03/2006
Electronic Signature of Signing Officer or Director — Date