

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005138

FILED
Apr 30, 2009
Secretary of State

Entity Name: SUCCEED INC.

Current Principal Place of Business:

231 LIVE OAK BLVD
CASSELBERRY, FL 32707

New Principal Place of Business:

Current Mailing Address:

231 LIVE OAK BLVD
CASSELBERRY, FL 32707

New Mailing Address:

FEI Number: 05-0599435

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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: M () Delete
Name: MIKE, ROBERT
Address: 716 FOX VALLEY DRIVE
City-St-Zip: LONGWOOD, FL

Title: S () Delete
Name: BOUEY, VANESSA
Address: 1591 DRAYTON AVENUE
City-St-Zip: DELTONA, FL 32725

Title: T () Delete
Name: MIKE, RUSSELL
Address: 70 SACKETT RD
City-St-Zip: DEBARY, FL 32713

Title: P () Delete
Name: LOWE, PATRICIA
Address: 206 HOLIDAY LANE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: VP () Delete
Name: JONES, JEAN
Address: 601 S. EDGEMON AVENUE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: M () Delete
Name: REEVES, HAZEL
Address: 513 YORKSHIRE DRIVE
City-St-Zip: OVIEDO, FL 32765

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: M (X) Change () Addition
Name: LOWE, PATRICIA
Address: 206 HOLIDAY LANE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: P (X) Change () Addition
Name: JONES, JEAN
Address: 601 S. EDGEMON AVENUE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: VP (X) Change () Addition
Name: REEVES, HAZEL
Address: 513 YORKSHIRE DRIVE
City-St-Zip: OVIEDO, FL 32765

I hereby certify that the information supplied with this filing does not qualify 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: VANESSA Y. BOUEY

S

04/30/2009

Electronic Signature of Signing Officer or Director

Date