

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000003930

**FILED**  
**Mar 29, 2011**  
**Secretary of State**

**Entity Name:** BNI SUCCESS EXPRESS INC

**Current Principal Place of Business:**

477 SW CASHMERE BLVD  
PORT ST LUCIE, FL 34986

**New Principal Place of Business:**

8540 COMMERCE CENTER DR  
PORT ST LUCIE, FL 34986

**Current Mailing Address:**

5386 NW AKBAR  
PORT ST LUCIE, FL 34986

**New Mailing Address:**

706 SW PORT ST LUCIE BLVD  
PORT ST LUCIE, FL 34953

**FEI Number:** 77-0719358

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COWDELL, WILLIS  
5386 NW AKBAR TERRACE  
PORT ST LUCIE, FL 34986 US

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

HOGUE, GEOFF  
706 SW PORT ST LUCIE BLVD  
PORT ST LUCIE, FL 34953 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: GEOFF HOGUE

03/29/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MONTAGNA, SCOTT  
Address: 221 SW WHITEWOOD DRIVE  
City-St-Zip: PORT ST LUCIE, FL 34953

Title: VP  
Name: DOYLE, FALLON  
Address: 160 NW CENTRAL PARK PLAZA, SUITE 101  
City-St-Zip: PORT ST LUCIE, FL 34986

Title: S/T  
Name: HOGUE, GEOFF  
Address: 706 SW PORT ST LUCIE BLVD  
City-St-Zip: PORT ST LUCIE, FL 34953

I hereby 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 all other like empowered.

SIGNATURE: GEOFF HOGUE

S/T

03/29/2011

Electronic Signature of Signing Officer or Director

Date