

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51256

FILED
Feb 17, 2007
Secretary of State

Entity Name: SUCCESSFUL CONCEPTS, INC.

Current Principal Place of Business:

1402 FOXDEN RD.
APOPKA, FL 32712

New Principal Place of Business:

Current Mailing Address:

1402 FOXDEN RD.
APOPKA, FL 32712

New Mailing Address:

FEI Number: 59-3147061

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HIGGINBOTHAM, ALLEN H.
1402 FOXDEN RD.
APOPKA, FL 32712 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: D () Delete
Name: HIGGINBOTHAM, ALLEN, H.
Address: 1402 FOXDEN RD.
City-St-Zip: APOPKA, FL

Title: D () Delete
Name: HIGGINBOTHAM, MARY L, .
Address: 1402 FOXDEN RD.
City-St-Zip: APOPKA, FL

Title: D () Delete
Name: FAIRCLOTH JR, PAUL G
Address: 620 E SIXTH STREET
City-St-Zip: APOPKA, FL 32703

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:

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: ALLEN H. HIGGINBOTHAM

PRES

02/17/2007

Electronic Signature of Signing Officer or Director

Date