

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 18, 2006 08:00 AM
Secretary of State

DOCUMENT # N99000005678

1. Entity Name
SUCCESS SUITS YOU, INC.



Principal Place of Business
**215 NORTH MARKET STREET - SUITE 280
JACKSONVILLE, FL 32202**

Mailing Address
**215 NORTH MARKET STREET - SUITE 280
JACKSONVILLE, FL 32202**



07172006 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3611061

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**MOODY, CANDACE
215 MARKET ST, STE 280
JACKSONVILLE, FL 32202**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE: *N/A*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
TRUITT, DEBRA
1858 OAKBREEZE COURT
JACKSONVILLE, FL 32260**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
MARBLE, ANN
36 FRANKLIN AVE
PONTE VEDRA BEACH, FL 32082**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
BARNETT, CHERYL
9559 BENT OAK COURT
JACKSONVILLE, FL 32257**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
MOODY, CANDACE
12597 BLUE LAGOON TRAIL
JACKSONVILLE, FL 32225**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U00000570346
07/18/06-80017-006 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Ann Marble **Ann Marble**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/17/06

DATE

904-854-8529

DAYTIME PHONE #