

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2004 8:00 am
Secretary of State

03-04-2004 90014 017 ***150.00

DOCUMENT # P02000079827
 1. Entity Name
EKANEH SUCCESS SYSTEMS INC.



Principal Place of Business Mailing Address
 1196 COURT STREET 1196 COURT STREET
 CLEARWATER FL 33756 CLEARWATER FL 33756

J9UK4111



MOORE CR2E034 (11/03)

2. Principal Place of Business 3. Mailing Address
 28050 US Hwy 19 N 28050 US Hwy 19 N
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 # 310 # 310
 City & State City & State
 Clearwater FL Clearwater FL
 Zip Country Zip Country
 33761 USA 33761 USA

4. FEI Number 68-0515045 Applied For
 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
DICKSON, DAVID A
 1196 COURT STREET
 CLEARWATER FL 33756

7. Name and Address of New Registered Agent
 Name **Dickson David A**
 Street Address (P.O. Box Number is Not Acceptable)
28050 US Hwy 19 N # 310
 City **Clearwater** State **FL** Zip Code **33761**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	DICKSON, DAVID A	
STREET ADDRESS	1180 COURT ST	
CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAHLHAUSER, HELEN	
STREET ADDRESS	1180 COURT ST	
CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dickson, David A	
STREET ADDRESS	28050 US Hwy 19 N #310	
CITY-ST-ZIP	Clearwater # 33761	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dahlhouser, Helen	
STREET ADDRESS	28050 US Hwy 19 N #310	
CITY-ST-ZIP	Clearwater # 33761	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, 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: U. U. **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** Date (227) 726-2577 **Daytime Phone #**