


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 07, 2008 8:00 am**  
**Secretary of State**

05-07-2008 90107 027 \*\*\*150.00

<b>DOCUMENT # P02000086391</b> 1. Entity Name <b>SUCCESS REAL ESTATE &amp; INVESTMENT, INC.</b>					
Principal Place of Business <b>1107 ST. ANNE SHRINE RD LAKE WALES, FL 33898</b>			Mailing Address <b>6970 LAKESIDE ROAD WEST PALM BEACH, FL 33411</b>		
2. Principal Place of Business - No P.O. Box # <b>6970 LAKESIDE ROAD</b>		3. Mailing Address <b>WEST PALM BEACH, FL</b>			
Suite, Apt. #, etc. <b>WEST PALM BEACH, FL</b>		Suite, Apt. #, etc. 			
City & State <b>WEST PALM BEACH, FL</b>		City & State 		4. FEI Number <b>52-2390639</b>	
Zip <b>33411</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DYSON, DIANNE L 6970 LAKESIDE RD. WEST PALM BEACH, FL 33411</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD DYSON, DIANNE L 3676 COLLIN DRIVE WEST PALM BEACH, FL 33406		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 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.					
<b>SIGNATURE: <i>Dianne S. Dyson</i></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>5/5/08</b> <small>Date</small>		<b>561-317-2941</b> <small>Daytime Phone #</small>	