

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90415 039 ***150.00

DOCUMENT # P04000014954

1. Entity Name
CIRCLE OF SUCCESS INC.



Principal Place of Business
2175 ALOMA AVENUE
WINTER PARK, FL 32792

Mailing Address
1850 W. FAIRBANKS AVE
SUITE B
WINTER PARK, FL 32789

50008812



2. Principal Place of Business

1850 W. Fairbanks Ave.

Suite, Apt. #, etc.

Suite B

City & State

WINTER PARK, FL.

Zip

32789

Country

USA

3. Mailing Address

1850 W. Fairbanks Ave.

Suite, Apt. #, etc.

Suite B

City & State

WINTER PARK, FL.

Zip

32789

Country

USA

01272006

Chg-P

CR2E034 (11/05)

4. FEI Number

20-0579432

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VON SCHMELINS, SERGIO
1680 OAKHURST AVENUE
WINTER PARK, FL 32789

7. Name and Address of New Registered Agent

Name

Sergio Von Schmeling

Street Address (P.O. Box Number is Not Acceptable)

1850 W. Fairbanks Ave.

Suite B

City

WINTER PARK

FL

Zip Code

32789

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

03/27/2006

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME VON SCHMELING, SERGIO
STREET ADDRESS 1680 OAKHURST AVENUE
CITY-ST-ZIP WINTER PARK, FL 32789

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

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TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/27/2006 407-740-6747

Date

Daytime Phone #