## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **DOCUMENT # P93000020761**

US

1. Entity Name SUCCESS FOUNDATIONS, INC.



**FILED** Apr 15, 2005 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

6110 OLD WATER OAK RD TALLAHASSEE, FL 32312 6110 OLD WATER OAK RD

\_TALLAHASSEE, FL 32312

US



DO NOT WRITE IN THIS SPACE

No Chg-P 04022005 CR2E034 (10/03)

4. FEI Number 59-3311375

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOSFORD, KENNETH L 210 OFFICE PLAZA DR. TALLAHASSEE, FL 32301

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

				4	
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					
File Nowiii FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRE	CTÓRS L			
TITLE NAME STREET ADDRESS GITY-ST-ZIP	D SIMPSON, ROBERT C PHD 6110 OLD WATEROAK ROAD TALLAHASSEE, FL 323123865			·	UNNOON306761 N4/15 <u>/</u> N5-80027-011 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SIMPSON, CONSTANCE 6110 OLD WATER OAK RD TALLAHASSEE, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			^	DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filling 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 Tepox 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.					