2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000020761

1. Entity Name: Success Foundations, Inc.

FILED
10 APR 30 AM 8:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: 6110 Old Water Oak Rd Tallahassee FL 32312

Mailing Address: Same

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.: SAME

Suite, Apt. #, etc.: SAME

City & State

City & State

Zip | Country

Zip | Country

500180066305
05/03/10--01016--015 **150.00

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

Kenneth Hosford
210 Office Plaza Dr
Tallahassee FL 32301

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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 NOW!!! FEE IS $150.00
After May 1, 2010 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	☐ Delete
NAME	Robert C Simpson	
STREET ADDRESS	6110 Old Water Oak Rd	
CITY-ST-ZIP	Tallahassee FL 32312	
TITLE	ST	☐ Delete
NAME	Connie Simpson	
STREET ADDRESS	6110 Old Water Oak Rd	
CITY-ST-ZIP	Tallahassee FL 32312	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

A 5/4

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: Connie Simpson 4-30-10 (850)668-9977
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #