## FILED **2004 FOR PROFIT CORPORATION** Jan 20, 2004 08:00 AM **ANNUAL REPORT Secretary of State DOCUMENT # P98000033290** SUCCESS SEMINARS, INC. Mailing Address Principal Place of Business 6822 22ND AVE N 6822 22ND AVE N ST. PETERSBURG, FL 33710 ST. PETERSBURG, FL 33710 No Chg-P CR2E034 (10/03) 01122004 DO NOT WRITE IN THIS SPACE 4. FEI Number 59-3503797 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DO NOT WRITE DREW, DAVID C 6822 22 AVE N. 434 **ST PETE, FL 33710** IN THIS SPACE

	The above named entity submits this statement for the purpose of cliffs obligations of registered agent.	hanging its registered office or registered agent, or but	h, in the State of Honda. I am i	amiliai will), <u>and acco</u> pt
	tre aniformaria arradiataram adaribi			
S	GNATURE			-
	Signature, typed or printed name of replatered agent and title it applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE	

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

 Election Campaign Financing Trust Fund Contribution.

\$5.00 May 8e Added to Fees

10. OFFICERS AND DIRECTORS THE PARTY OF THE P The second secon Carry and a gradient state of the state of t TIPLE -----DREW, DAVID C NAME 000000006358 01/20/04-20004-003 150.00 STREET ADDRESS 6822 22 AVE N. STE 434 CITY-ST-ZIP ST PETE, FL 33710 TITLE HAME STREET ADDRESS CITY-ST-ZP THE MAME STREET ADDRESS DO NOT WRITE CTTY-57-21P IN THIS SPACE THE NAME STREET ADDRESS CITY-ST-ZIP The state of the s and the second section of the section of MAME Control of the Contro STREET ADDRESS CITY-ST-ZIP TIFEF 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 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:

DAVID DREW

1/16/04

727/644-6278

Daysima Phone #

Applied For

\$8.75 Additional

Fee Required

Not Applicable