


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 09, 2005 8:00 am**  
**Secretary of State**

09-09-2005 90029 037 \*\*\*150.00

<b>DOCUMENT # F02000003330</b>	
1. Entity Name <b>MEASUREABLE SOLUTIONS, INC.</b>	

Principal Place of Business <b>420 S. GARDEN AVE 3RD FLOOR CLEARWATER, FL 33756</b>	Mailing Address <b>420 S. GARDEN AVE 3RD FLOOR CLEARWATER, FL 33756</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

09062005 Chg-P CR2E034 (10/03)

4. FEI Number <b>31-1341199</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>KIRK, SHAUN 1528 FARRIER TRAIL CLEARWATER, FL 33765</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KIRK, SHAUN 1528 FARRIER TRAIL CLEARWATER, FL 33765 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Lee, Jeffrey F. 1771 Kenesaw Lane Clearwater, FL 33765 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing 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:**  **9/6/05 727-443-1786**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

500657914

**FINLEY, FLETCHER & PILCH, LLP**

*Attorneys at Law*

**Myron G. Finley,**  
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New York

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September 6, 2005

VIA OVERNIGHT COURIER

Florida Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: Measurable Solutions, Inc. Annual Report for 2005; Document No. F02000003330

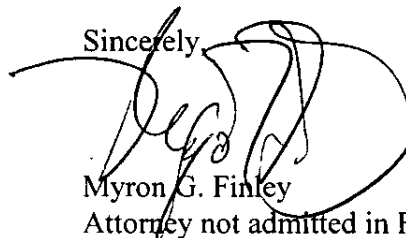
Dear Sir or Madam:

I am enclosing the 2005 For Profit Corporation Annual Report of Measurable Solutions, Inc., together with our client's check payable to you in the amount of \$150.00.

Pursuant to FS §607.193(2)(b), I hereby request that you waive the late filing penalty of \$400.00. Our client has represented to us that they did not receive the post card normally issued by your office during the first few months of the year. We have no information regarding the fate of that postcard, but our client has had the same, experienced Director of Communications on post all year and she feels certain the post card never arrived. They did receive the post card last year, and timely filed the annual report in response to that reminder.

If you have any questions about this, please feel free to contact me directly.

Sincerely,



Myron G. Finley  
Attorney not admitted in Florida

Enc.