

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J13718

FILED  
May 01, 2006  
Secretary of State

Entity Name: CLARENCE MEASELLE, INC.

**Current Principal Place of Business:**

7400-D GEORGIA AVE  
SUITE D  
W PALM BCH, FL 33405 US

**New Principal Place of Business:**

**Current Mailing Address:**

215 18TH AVENUE NORTH  
LAKE WORTH, FL 33460 US

**New Mailing Address:**

FEI Number: 59-2650174

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MEASELLE, CORINNE H  
215 18TH AVE N  
LAKE WORTH, FL 33460 US

**Name and Address of New Registered Agent:**

MEASELLE, CLARENCE J  
215 18TH AVE N  
LAKE WORTH, FL 33460 US

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.

SIGNATURE: CLARENCE MEASELLE

05/01/2006

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: MEASELLE, CLARENCE J, .  
Address: 215 18TH AVE N  
City-St-Zip: LAKE WORTH, FL

Title: S ( ) Delete  
Name: MEASELLE, CORINNE, H,  
Address: 215 18TH AVE N  
City-St-Zip: LAKE WORTH, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLARENCE MEASELLE

PRES

05/01/2006

Electronic Signature of Signing Officer or Director

Date