

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # J13718

1. Entity Name
CLARENCE MEASELLE, INC.



Principal Place of Business

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

Mailing Address

**215 18TH AVENUE NORTH
LAKE WORTH, FL 33460 US**

**FILED
Jul 09, 2008 08:00 AM
Secretary of State**



07072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2650174

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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
Due by September 12, 2008**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
MEASELLE, CLARENCE J.
215 18TH AVE N
LAKE WORTH, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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U00000953697
07/09/08-80002-006 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/08 561-582-4805

Date

Daytime Phone #