

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000018154**

**1. Entity Name**  
**METING THE NEED, INC.**



**2. Place of Business**  
**5580 PARK BLVD.**  
**ST. PETERSBURG, FL 33781**

**Mailing Address**  
**5580 PARK BLVD.**  
**SUITE 9**  
**PINELLAS PARK, FL 33781**



01052006 No Chg-P CR2E034 (11/05)

**4. FEI Number**  
**59-3699544** Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**GALLAGHER, BETH E**  
**5252 5TH AVE. N**  
**ST. PETERSBURG, FL 33709**

**DO NOT WRITE  
IN THIS SPACE**

**8. I, the named entity, submit 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**  
**or May 1, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY**  
**PD**  
**GALLAGHER, BETH E**  
**5252 5TH AVENUE N.**  
**ST. PETERSBURG, FL 33709**

U00000397378  
01/30/06-80049-004 150.00

**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 provided, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**   
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**1/9/06** **(727) 547-6563**  
**DATE** **Daytime Phone #**