


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90561 016 \*\*\*150.00

<b>DOCUMENT # 213881</b>	
1. Entity Name <b>MEDLEY ENTERPRISES INC</b>	

Principal Place of Business <b>9401 NW 106TH ST STE 101 MEDLEY, FL 33178 US</b>	Mailing Address <b>9401 NW 106TH ST STE 101 MEDLEY, FL 33178 US</b>
--	--

**20036135**



01192005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-0871186</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>ROBINSON, BARNETT JR. P.A. 120 E. PALMETTO PARK RD SUITE 150 BOCA RATON, FL 33432</b>
---

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LARGAY, CHARLES E 9401 NW 106TH ST, STE 101 MEDLEY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LARGAY, CHARLES E, JR 9401 NW 106TH ST, STE 101 MEDLEY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LARGAY, HARRY W 9401 NW 106TH ST, STE 101 MEDLEY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS KNOWLES, JANET 9401 NW 106TH ST, STE 101 MEDLEY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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.

<b>SIGNATURE:</b> <i>Janet Knowles, Assistant Secy.</i>	04/15/05	305-885-2458
JANET KNOWLES, ASSISTANT SECY.	Date	Daytime Phone #