


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 26, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000000594</b> 1. Entity Name <b>MEDFORD MANAGEMENT CO.</b>	
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Principal Place of Business <b>1708 NE 4TH STREET BOYNTON BEACH, FL 33435</b>	Mailing Address <b>534 DATURA STREET SUITE 420 WEST PALM BEACH, FL 33401</b>
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03222004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-1057844</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>SCHWARTZ, DINA 534 DATURA STREET SUITE 420 WEST PALM BEACH, FL 33401</b>
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**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

1000000096964

03/26/04-80018-022 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHWARTZ, DINA 534 DATURA ST WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST ROSEN, KAREN 534 DATURA ST WEST PALM BEACH, FL 33401
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**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(9)(f), 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: Karen Rosen 3/24/04 561-659-9330 xt. 420  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*Karen Rosen, President*