


2005 FOR PROFIT CORPORATION ANNUAL REPORT

9/12/2005-90006-045-\$150.00-\$150.00

DOCUMENT # P04000014495
 1. Entity Name
JOHN J. CONLEY ENTERPRISES, INC.



FILED
 05 OCT 14 AM 8:51
 CLERK OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
 900 US HWY 1 STE 104 900 US HWY 1 STE 104
 LAKE PARK, FL 33403 LAKE PARK, FL 33403



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

08122005 Chg-P CR2E034 (10/03)

City & State City & State

4. FEI Number Applied For
 38-3696773 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
 CONLEY, JOHN J
 900 US HWY 1 STE 104
 LAKE PARK, FL 33403

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005

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		<input type="checkbox"/> Delete
TITLE	D	<input type="checkbox"/>
NAME	CONLEY, JOHN J	
STREET ADDRESS	129 LEHANE TERRACE #135	
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408	
TITLE	V	<input type="checkbox"/>
NAME	CONLEY, ROSS	
STREET ADDRESS	900 US HWY 1 STE 104	
CITY-ST-ZIP	LAKE PARK, FL 33403	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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 807, 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 officers empowered.
 SIGNATURE: _____ Date: _____ Daytime Phone #: 561-848-5250