


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 06, 2004 08:00 AM**  
**Secretary of State**

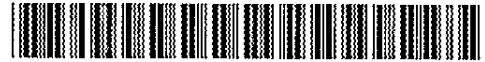
**DOCUMENT # P98000018880**

1. Entity Name  
**MEDLEY PALMS PARK, INC.**



Principal Place of Business <b>9401 NW 106 ST          STE 101          MEDLEY, FL 33178</b>	Mailing Address <b>9401 NW 106 ST          STE 101          MEDLEY, FL 33178</b>
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**DO NOT WRITE IN THIS SPACE**



03052004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0861564</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BARNETT ROBINSON, JR., P.A.  
 120 E PALMETTO PARK RD  
 STE 150  
 BOCA RATON, FL 33431**

**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**

U00000104849  
 04/06/04-80028-003 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS LARGAY, CHARELS E 9401 NW 106 ST. #101 MEDLEY, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS KNOWLES, JANET 9401 NW 106 ST. #101 MEDLEY, FL 33178
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(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: Janet Knowles, Assistant Secy. 3/30/04 305-885-2458  
 \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**JANET KNOWLES, ASSISTANT SECRETARY**