


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000098516
1. Entity Name
MEDIATION SERVICES OF SOUTHERN FLORIDA, INC.



Principal Place of Business Mailing Address
3277 FRUITVILLE RD 3277 FRUITVILLE RD
BLDG C-1 BLDG C-1
SARASOTA, FL 34237 SARASOTA, FL 34237



04122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
65-1144377 Not Applicable

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

6. Name and Address of Current Registered Agent
TELFORD, LESLIE
3277 FRUITVILLE RD BLDG C-1
SARASOTA, FL 34237

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DTVP
NAME	TELFORD, LESLIE
STREET ADDRESS	3277 FRUITVILLE RD BLDG C-1
CITY-ST-ZIP	SARASOTA, FL 34237
TITLE	PD
NAME	KETTRING, GARY H
STREET ADDRESS	3277 FRUITVILLE RD BLDG C-1
CITY-ST-ZIP	SARASOTA, FL 34237
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000511589
04/29/06-80057-006 150.00

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

SIGNATURE: Gary H. Kettring GARY H. KETTRING 4/12/2006 941-957-3006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #