

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000032834

**Entity Name:** WITKIN FAMILY SERVICES, INC.

**FILED**  
**Apr 22, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

13976 VIA FLORA  
H  
DELRAY BEACH, FL 33484

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 6211  
DELRAY BEACH, FL 33482

**New Mailing Address:**

P O BOX 6211  
DELRAY BEACH, FL 33482

**FEI Number:** 20-2417691

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WITKIN, SIMONE  
13976 VIA FLORA  
H  
DELRAY BEACH, FL 33484 US

**Name and Address of New Registered Agent:**

WITKIN, SIMONE  
13974 VIA FLORA  
H  
DELRAY BEACH, FL 33484 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

04/22/2012

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: WITKIN, SIMONE  
Address: 13976 H VIA FLORA  
City-St-Zip: DELRAY BEACH, FL 33484

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SIMONE WITKIN

P

04/22/2012

Electronic Signature of Signing Officer or Director

Date