

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

06-17-2005 90003 008 \*\*\*150.00  
P97000009949

DOCUMENT # P97000009949

1. Entity Name  
FLORIDA FAMILY MEDIATION INC.



FILED

05 JUL 19 PM 12:35

SECRET  
TALLAHASSEE, FL

Principal Place of Business  
100 E. LINTON BLVD.  
STE. 146 A  
DELRAY BEACH, FL 33483

Mailing Address  
100 E. LINTON BLVD.  
SUITE 146A  
DELRAY BEACH, FL 33483



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05202005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number  
65-0724237

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MULLIN, JIM  
2080 NW BOCA RATON BLVD  
BOCA RATON, FL 33431

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PSTF  
WEISS, SHEILA K  
5121 OAK HILL LANE 425  
DELRAY BEACH, FL 33484 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
ST  
WEISS, SHEILA K  
5121 OAK HILL LANE #425  
DELRAY BEACH, FL 33484 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

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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)(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 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:

*Sheila K. Weiss* SHEILA K. WEISS

6-14-05 (561) 852-1301

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #