

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # K46682

1. Entity Name
THE CENTER FOR ALCOHOL & DRUG STUDIES, INC.



Principal Place of Business

**C/O DONALD K. MULLANEY
321 NORTHLAKE BLVD. SUITE 214-B
NORTH PALM BEACH, FL 33408**

Mailing Address

**C/O DONALD K. MULLANEY
321 NORTHLAKE BLVD. SUITE 214-B
NORTH PALM BEACH, FL 33408**



03292007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0101421

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MULLANEY, DONALD K.
321 NORTHLAKE BLVD. SUITE 214-B
NORTH PALM BEACH, FL 33408**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MULLANEY, DONALD K.
STREET ADDRESS	321 NORTHLAKE BLVD. 214B
CITY-ST-ZIP	NORTH PALM BCH, FL
TITLE	D
NAME	MULLANEY, DONALD K.
STREET ADDRESS	321 NORTHLAKE BLVD. 214B
CITY-ST-ZIP	NORTH PALM BCH, FL
TITLE	STD
NAME	COSCIA, JACK
STREET ADDRESS	321 NORTHLAKE BLVD, #2148
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/06/07-80043-011-150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/07

Date

561-615-6664

Daytime Phone #