2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State
03-26-2007 90074 032 ***150.00

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1. Entity Name
NATIONAL DRUG & ALCOHOL RECOVERY, INC.

2601

Principal Place of Business	Mailing Address
~~2160~~ LIGHTFOOT ROAD WIMAUMA, FL 33598	2160 LIGHTFOOT ROAD WIAMAUMA, FL 33598

DO NOT WRITE IN THIS SPACE

03082007 No Chg-P CR2E034 (11/05)

4. FEI Number
20-1454710
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~O'CONNELL, PHILIP J~~
~~4260 CENTRAL AVE~~
~~ST PETERSBURG, FL 33711~~

BARBARA E. MEZZATESTA
2601 LIGHTFOOT ROAD
WIMAUMA, FL 33598

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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] Vice President 3-8-07
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	THOMASMEYER, JOHN
STREET ADDRESS	2601 LIGHTFOOT RD
CITY-ST-ZIP	WIMAUMA, FL 33598
TITLE	V
NAME	NIES, ROBERT J
STREET ADDRESS	2601 LIGHTFOOT RD
CITY-ST-ZIP	WIMAUMA, FL 33598
TITLE	S
NAME	MEZZATESTA, BARBARA
STREET ADDRESS	2601 LIGHTFOOT RD
CITY-ST-ZIP	WIMAUMA, FL 33598
TITLE	T
NAME	NIES, GREGORY R
STREET ADDRESS	104 GEORGE STREET
CITY-ST-ZIP	NORTH SYRACUSE, NY 13212
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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] 3/8/07 407-618-3720
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ROBERT J. NIES, V.P.