2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000135791

1. Entity Name
NATIONAL DRUG & ALCOHOL RECOVERY WEB TREATMENT CENTER, INC.

Principal Place of Business	Mailing Address
2601 LIGHTFOOT RD WIMAUMA, FL 33598	2601 LIGHTFOOT RD WIMAUMA, FL 33598

03082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0753860
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BARBARA, MEZZATESTA E
2601 LIGHTFOOT RD
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 Barbara E. Mezzatesta Treasurer 3-14-07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

BARBARA E. MEZZATESTA

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

U00000668609
03/27/07-80037-019 150.00

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	ALTMAN, CHAD
STREET ADDRESS	2601 LIGHTFOOT RD
CITY-ST-ZIP	WIMAUMA, FL 33598
TITLE	VTD
NAME	NIES, ROBERT J
STREET ADDRESS	2601 LIGHTFOOT RD
CITY-ST-ZIP	WIMAUMA, FL 33598
TITLE	TRES
NAME	BARBARA, MEZZATESTA
STREET ADDRESS	2601 LIGHTFOOT RD
CITY-ST-ZIP	WIMAUMA, FL 33598
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: Vice-Pres 3/8/07 407-618-3720
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ROBERT J. NIES