

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000050780

1. Entity Name
CDA OF DEFUNIAK SPRINGS, INC.



Principal Place of Business
831 LAKEVIEW DR.
DEFUNIAK SPRINGS, FL 32433

Mailing Address

831 LAKEVIEW DR.
DEFUNIAK SPRINGS, FL 32433

2. Principal Place of Business - No P.O. Box #

831 Lakeview Dr

Suite, Apt. #, etc.

3. Mailing Address

831 Lakeview Dr

Suite, Apt. #, etc.

City & State

DEFUNIAK Springs, Fl.

City & State

Defuniak Spgs, Fl

Zip

32433

Country

Walton

Zip

32433

Country

Walton

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Name

BASKIN, RHEA M.
831 LAKEVIEW DR.
DEFUNIAK SPRINGS, FL 32433

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 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

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: *Rhea M. Baskin* CR-1485

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/07

Date Daytime Phone #

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90411 030 ***150.00



04272007 Chg-P CR2E034 (12/06)