


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P99000078891		
1. Entity Name ADDAXX OF MOUNT DORA, INC.		
Principal Place of Business 627 N. DONNELLY STREET MOUNT DORA, FL 32757	Mailing Address 627 N. DONNELLY STREET MOUNT DORA, FL 32757	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent RICE, JOHN S 627 N. DONNELLY STREET MOUNT DORA, FL 32757		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STORM, THORA 2636 McDONALD TERRACE MT. DORA, FL 32757	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLAIR, MARIA B 2636 McDONALD TERRACE MT. DORA, FL 32757	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u>Thora Storm THORA STORM</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>7/13/07</u> <u>352-383-1696</u> <small>Date Daytime Phone #</small>



07092007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3597826	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**