2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P05000035395

1. Entity Name
ADABODY, INC.

Principal Place of Business	Mailing Address
865 N. FOXRUN TERRACE INVERNESS, FL 34453 US	865 N. FOXRUN TERRACE INVERNESS, FL 34453

DO NOT WRITE IN THIS SPACE

02282006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-2432306
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ADABODY, THOMAS J
865 N. FOXRUN TERRACE
INVERNESS, FL 34453

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000457018
03/16/06-80053-005 150.00

10.	OFFICERS AND DIRECTORS
TITLE	PRES
NAME	ADABODY, THOMAS J
STREET ADDRESS	865 N. FOXRUN TERRACE
CITY-ST-ZIP	INVERNESS, FL 34453
TITLE	VPRE
NAME	ADABODY, SANDRA J
STREET ADDRESS	865 N. FOXRUN TERRACE
CITY-ST-ZIP	INVERNESS, FL 34453
TITLE	SEC
NAME	ADABODY, THOMAS J
STREET ADDRESS	865 N. FOXRUN TERRACE
CITY-ST-ZIP	INVERNESS, FL 34453
TITLE	TREA
NAME	ADABODY, SANDRA J
STREET ADDRESS	865 N. FOXRUN TERRACE
CITY-ST-ZIP	INVERNESS, FL 34453
TITLE	DIR
NAME	ADABODY, THOMAS J
STREET ADDRESS	865 N. FOXRUN TERRACE
CITY-ST-ZIP	INVERNESS, FL 34453
TITLE	DIR
NAME	ADABODY, SANDRA J
STREET ADDRESS	865 N. FOXRUN TERRACE
CITY-ST-ZIP	INVERNESS, FL 34453

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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: Thomas J. Adabody Thomas J. Adabody 3-4-06 352-212-2280
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #