

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000035395

**Entity Name:** ADABODY, INC.**Current Principal Place of Business:**9590 S.W. HWY 200  
UNIT 14  
OCALA, FL 34481**Current Mailing Address:**9590 S.W. HWY 200  
UNIT #14  
OCALA, FL 34481 US**FEI Number:** 20-2432306**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ADABODY, THOMAS J  
865 N. FOXRUN TERRACE  
INVERNESS, FL 34453 US*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.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	PRES
Name	ADABODY, THOMAS J
Address	865 N. FOXRUN TERRACE
City-State-Zip:	INVERNESS FL 34453

Title	VPRE
Name	ADABODY, SANDRA J
Address	865 N. FOXRUN TERRACE
City-State-Zip:	INVERNESS FL 34453

Title	SEC
Name	ADABODY, THOMAS J
Address	865 N. FOXRUN TERRACE
City-State-Zip:	INVERNESS FL 34453

Title	TREA
Name	ADABODY, SANDRA J
Address	865 N. FOXRUN TERRACE
City-State-Zip:	INVERNESS FL 34453

Title	DIR
Name	ADABODY, THOMAS J
Address	865 N. FOXRUN TERRACE
City-State-Zip:	INVERNESS FL 34453

Title	DIR
Name	ADABODY, SANDRA J
Address	865 N. FOXRUN TERRACE
City-State-Zip:	INVERNESS FL 34453

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** THOMAS J ADABODY**PRESIDENT****04/10/2023**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date