

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G32101

Entity Name: ADAMS & O'REILLY, INC.

**FILED**  
**Mar 15, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1855 VETERANS PARK DR  
SUITE 203  
NAPLES, FL 34109 US

**New Principal Place of Business:**

**Current Mailing Address:**

1855 VETERANS PARK DR  
SUITE 203  
NAPLES, FL 34109 US

**New Mailing Address:**

FEI Number: 59-2273509

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

O'REILLY, THOMAS F  
1855 VETERANS PARK DR  
SUITE 203  
NAPLES, FL 34109 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: STD  
Name: O'REILLY, THOMAS F  
Address: 2340 BROADWING CT  
City-St-Zip: NAPLES, FL, FL 34105

Title: PD  
Name: ADAMS, MICHAEL L  
Address: 159 EDGEMERE WAY S  
City-St-Zip: NAPLES, FL, FL 34105

Title: AP  
Name: SISSMAN, CAROL  
Address: 1855 VETERAN'S PARK DR  
City-St-Zip: NAPLES, FL 34109

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 F O'REILLY

SEC

03/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date