

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
865 N. FOXRUN TERRACE
INVERNESS, FL 34453 US

Mailing Address
865 N. FOXRUN TERRACE
INVERNESS, FL 34453

DO NOT WRITE IN THIS SPACE



02282006 No Chg-P CR2E034 (11/05)

4. FCI 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

**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

Signature typed or printed name of registered agent and where applicable

(NOTE: Registered Agent signature required when re-certifying)

DATE

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
03/16/06-00053-005 150.00

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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IN THIS SPACE**

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 1d or Block 1f 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