

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000035395

Entity Name: ADABODY, INC.

FILED
Jan 21, 2011
Secretary of State

Current Principal Place of Business:

9590 S.W. HWY 200
UNIT 11
OCALA, FL 34481 US

New Principal Place of Business:

Current Mailing Address:

865 N. FOXRUN TERRACE
INVERNESS, FL 34453 US

New Mailing Address:

FEI Number: 20-2432306

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Title: VPRES
Name: ADABODY, SANDRA J
Address: 865 N. FOXRUN TERRACE
City-St-Zip: INVERNESS, FL 34453 US

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

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

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

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

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

PRES

01/21/2011

Electronic Signature of Signing Officer or Director

Date