2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2012
Secretary of State

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Entity Name: ADABODY, INC.

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: VPRE
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 03/20/2012

Electronic Signature of Signing Officer or Director Date