

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000084427**

1. Entity Name  
**ADNIL CORPORAION**



Principal Place of Business  
**6226 NE 1 ST  
OCALA, FL 34470**

Mailing Address  
**PO BOX 5395  
OCALA, FL 34478 US**

**DO NOT WRITE IN THIS SPACE**



01212007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3406454**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**DAY, EUGENE R  
6226 NE 1ST STREET  
OCALA, FL 34471**

**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 title if applicable.

(NOTE: Registered Agent signature required when restateing)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$350.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
DAY, LINDA J  
6226 NE 1ST STREET  
OCALA, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DST  
DAY, EUGENE R  
6226 NE 1ST STREET  
OCALA, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
DAY, DOUGLAS E.  
4801 SW 1ST TERRACE  
OCALA, FL 34474**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
KUBIK, KELLY L  
10538 OAKVIEW POINTE TERRACE  
GOTHA, FL 34734**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
MARSHALL, LORRAINE M.  
16033 HAYES LANE  
WOODBIDGE, VA**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Eugene Day*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*1-22-2007 3522367740*