

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 31, 2008 08:00 AM
Secretary of State**

DOCUMENT # P96000084427

1. Entity Name
ADNIL CORPORAITON



Principal Place of Business

**6226 NE 1 ST
OCALA, FL 34470**

Mailing Address

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



01152008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3408454

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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
**VP
MARSHALL, LORRAINE M.
16033 HAYES LANE
WOODBIDGE, VA**

U00000807820
02/07/08-80022-021 150.00

**DO NOT WRITE
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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

E. Day Eugene Day

Jan. 15, 2008 352-236-7740